



**BIRTH TO TWENTY BARA-SITE: 13TH YEAR
CAREGIVER'S QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

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

The details of Birth to Twenty are clear to me.

I understand that the study will involve testing urine and blood samples and all the details and purposes of these tests have been explained to me.

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

1. The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.
2. All results will be treated with the strictest confidentiality.
3. Only group results, and not my/my child's individual results, will be published in scientific and professional journals.
4. The scientific team will do all they can to maintain my comfort and dignity.
5. I/my child can withdraw from the study at any time if the procedures are not comfortable, and that no adverse consequences will follow on withdrawal from the study.
6. As a parent or caregiver, 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.

Parent _____ Date _____

Youth participant _____ Date _____

Clinical test	Sign against selected option	
	Caregiver	Child
Diabetes screening test (sugar)		
Tests for Cholesterol levels		
Routine blood tests	N/A	
DNA		

PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD

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

2. If **NO**

What is your relationship to the child? *(For example: child's mother's sister, paternal grandmother etc.)*

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

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)

HOUSEHOLD INFORMATION

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

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

3. Please list all the members of the household where the BTT child lives oldest to youngest (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 child	Level of education
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

4. During the **LAST 6 MONTHS** has the BTT child 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 child mostly lived?

	WHERE? (Physical Address)	WHOM? & Reason (Relationship)
During the week		
On the weekends		
During school holidays		

SOCIO-ECONOMIC INFORMATION (BP+CG)

1. 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?	

2. Who supports the BTT child and how?

	Biological Mother	Biological Father	Current Partner	Grandparent (Not CG)	Caregiver	Anyone else? (Rel)
Financial support (cash, school fees)						
Buys goods (clothes, food)						
Emotional support: spends time, encourage						

Are you currently living with a partner?

1 = Yes		0 = No	
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Current marital Status of primary caregiver

1	Single	2	Divorced	3	Separated
4	Widowed	5	Married	6	Living together

How would you describe the house the child is living in?

1.	Shack/Zozo	3.	House	5.	Shared house
2.	Flat/Cottage	4.	Hostel	6.	Room/Garage

How many rooms are there in the house and in outside structures on the property that are used by the people mentioned in the HH Composition Table Pg 2?

How many rooms are used for sleeping?

What are the walls of your house made of?		
- Brick / Concrete	1.	
- Adobe (Clay) / Mud	2.	
- Wood / Branches	3.	
- Galvanised iron	4.	
- Matting	5.	
- Other: Specify _____	6.	

What is the roof of your house made of?		
- Straw / Thatch	1.	
- Earth / Mud	2.	
- Wood / Planks	3.	
- Galvanised iron	4.	
- Concrete	5.	
- Tiles / Slates	6.	
- Other: Specify _____	7.	

What is the floor of your house made of?		
- Earth	1.	
- Wood	2.	
- Stone / Brick	3.	
- Cement / Tile	4.	
- Laminated material	5.	
- Other: Specify _____	6.	

Does your household have sole use of, share with another household or not have any of the following:

Water	Sole use	Shared	No Access
Indoor running hot + cold water	1	2	3
Indoor running cold water only	1	2	3
Outside tap only on property	1	2	3
Water from other sources	1	2	3
If other: Specify			

Toilet	Sole Use	Shared	No Access
Flush toilet inside the home	1	2	3
Flush toilet outside the home	1	2	3
Pit latrine	1	2	3
Bucket System	1	2	3
Other	1	2	3
If other: Specify			

BIOLOGICAL MOTHER OR FATHER INFORMATION ONLY

	Biological Mother	Biological Father
Date of birth?		
Where were you born? (City/Town & Province SA) (Country & Rural/Urban)		
Where did you spend most of your childhood years up to the end of primary school?		
Where did you spend most of your high school years?		
How many years have you been living in Gauteng?		

MEDICATION / SUPPLEMENT USE (CG only)

Does the BTT child take any **medication** or **supplements** (medicine, herbal tonic, multivitamin, muscle or body building supplement) regularly (more than 3 days a week) in the past 6 months?

Yes=1	No=0	
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If YES, please list

SERIOUS MEDICAL OR DEVELOPMENTAL PROBLEMS (CG only)

Does the BTT child have, or has the child had any serious **medical** or **developmental** problems (physical or mental), or **any injuries** during the past year?

PROMPT: Hospitalisation, broken bones, attention-deficit/hyperactivity disorder, asthma, diabetes, education related problems, depression, illness

Yes=1	No=0	
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IF YES please list the

- a) problem
- b) type of treatment
- c) the place where the child is or has been treated

Problem 1 (a)

treatment (b)

place (c)

Problem 2 (a)

treatment (b)

place (c)

Problem 3 (a)

treatment (b)

place (c)

ACCESSING HEALTH & SOCIAL SERVICES (BP+CG)

Have you or the BTT child accessed health and social services, including faith-based activities – during last 6 months?

	Attended		How many 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				

VOLUNTEERING & ENGAGEMENT (BP+CG)

Do you do any of the following...?	YES	NO
Volunteer or charity work as part of an organisation either as a community or faith-based group without pay		
Do you as an individual assist with something without pay at work		
Do you as an individual assist with something without pay in your neighbourhood		
Do you as an individual assist with something without pay within a political party?		
Are you a signed up member of a sports or gym club (example: running or walking group, Virgin Active)?		
Are you an active member of a faith-based organisation?		

IN YOUR OPINION HOW GOOD IS YOUR CHILD’S SCHOOL? (CG only)

1. Do you think your child’s teachers are **often** absent / away from school to the detriment of your child’s education?

YES NO DON’T KNOW

1. Homework (Select the most appropriate (ONE) phrase that best describes your feelings around homework)

My child gets homework every school day. She or he seems to manage to finish it, and the teacher checks what the child has done.

Sometimes my child has too much homework and sometimes my child does not have any homework

My child has homework, but doesn’t seem to manage it

- My child has homework but the teacher doesn't seem to check it
- My child never seems to have homework to do.
- I don't know

2. What does the BTT child's school look like? IN GENERAL:

- The school is always neat and clean. The toilets are clean. If a window gets broken it is mended. There is very little rubbish lying around the school.
- The school gets cleaned up for social days. On ordinary days there is usually some rubbish lying around.
- The school is dirty. There is rubbish lying around. Doors and windows are broken and no-one fixes them. The toilets smell bad and are blocked and the sewage runs out of them.
- I do not know.

3. Punishment (Select the phrase that best describes your feelings) IN GENERAL:

- Children who break the school rules are punished. But the punishment is not cruel, and only children who deserve it are punished. The children understand why they are punished.
- The children have some idea of why they are punished
- Teachers seem to go through times of punishing a lot and times where they don't punish at all..
- My child cannot tell when or why he or she will be punished. Sometimes children get punished for nothing. Sometimes no-one gets punished, no matter what they do.
- I don't know

4. Contact with parents

- I get invited to the school a few times every year. If I go to the school I feel welcome. If my child has a problem, I feel like I can talk to the teacher or principal about it.
- I get invited to the school about once a year. If I go to the school, no-one takes much notice of me. I would tell the staff at the school about a problem only if I had to.
- I never get invited to the school. I do not go there. If my child had a problem I would not tell anyone at the school about it.

TRANSITION TO HIGH SCHOOL (CG only)

IF the BTT child is currently at high school, please rate each of the following criteria you used in selecting the high school in order of importance?

	Most important	Some importance	Not important
Proximity, close to home			
Financial cost of the high school			
Quality of education			
Older sibling goes to the high school			
Reputation of the high school			
Child's friends go to the school			
Scholarship offered by the high school where the child was accepted			

IF the BTT child is not yet at high school, what will be the most important criteria for you in choosing the school to which you will send your child in order of importance?

	Most important	Some importance	Not important
Proximity, close to home			
Financial cost of the high school			
Quality of education			
Older sibling goes to the high school			
Reputation of the high school			
Child's friends go to the school			
Scholarship offered by the high school where the child was accepted			

Has your child been kept back in a grade during the last 3 years?

YES	NO
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If yes, how many times has he/she been held back?

ABOUT YOUR BTT CHILD - MONITORING AND CONTROL (CG only)

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

1. Do you know if your child brushes his/her teeth 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

NEIGHBOURHOOD (BP+CG)

Would you say it is very likely, likely, unlikely, or very unlikely that your **neighbours** could be counted on to act in a way that is helpful (for example: report to the authorities) if...

	Very likely	Likely	Unlikely	Very unlikely
Children were skipping school and hanging out in the street				
Children were vandalising a local building (church, school, shop, house)				
Children were showing disrespect to an adult				
A fight broke out in front of their house				
The Police station closest to their home was going to close because of lack of money				

How strongly would you agree with the following statements about people in your neighbourhood?

	Strongly disagree	Disagree	Agree	Strongly Agree
People around here are willing to help their neighbours				
This is a close-knit neighbourhood				
People in this neighbourhood can be trusted				
People in this neighbourhood generally don't get along with each other				
People in this neighbourhood do not share the same values				

PHYSICAL ACTIVITY

The next questions are about the time you spend doing different types of physical activity. This includes activities you do at home, at work, travelling from place to place and during your spare time. You are requested to answer the questions even if you don't consider yourself to be an active person

Occupation-related Physical Activity (paid or unpaid work): <i>When answering the following questions, think back over the past year and consider a usual week:</i>			
1	Does your work involve mostly sitting or standing still, or walking for short periods (less than 10 minutes at a time)?	YES.....1 NO.....2	—>4
2(a)	Does your work involve <u>vigorous</u> activities, (like heavy lifting, digging, or heavy construction) for at least 10 minutes at a time?	YES.....1 NO.....2	—>3(a)
2(b)	In a usual week, how many days do you do <u>vigorous</u> activities as part of your work?	DAYS_____ <input type="text"/> <input type="text"/>	
2(c)	On a usual day on which you do <u>vigorous</u> activities, how much time do you spend doing such work?	_____ HOURS _____ MINUTES	
3(a)	Does your work involve <u>moderate-intensity</u> activities (like brisk walking or carrying light loads) for at least 10 minutes at a time?	YES.....1 NO.....2	—>4
3(b)	In a usual week, how many days do you do <u>moderate-intensity</u> activities as part of your work?	DAYS_____ <input type="text"/> <input type="text"/> If "0 days" —>	—>4
3(c)	On a usual day on which you did <u>moderate-intensity</u> activities, how much time do you spend doing such work?	_____ HOURS _____ MINUTES	
4	How long is your average workday?	_____ HOURS _____ MINUTES	
Travel-related Physical Activity: <i>Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places (to work, to shopping, to market, to church, etc).</i>			
5(a)	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes at a time to get to and from places?	YES.....1 NO.....2	—>6
5(b)	In a usual week, how many days do you walk or cycle for at least 10 minutes to get to and from places?	DAYS_____ <input type="text"/> <input type="text"/>	
5(c)	On a usual day, how much time do you spend walking and cycling for travel	_____ HOURS _____ MINUTES	
Non-work related and leisure time Physical Activity: <i>The next questions ask about activity you do in your leisure or spare time, for recreation or fitness. Do not include the physical activities you do at work or for travel already mentioned</i>			
6	In your leisure or spare time, do you do any moderate or vigorous physical activity lasting more than 10 minutes at a time?	YES.....1 NO.....2	—>9
7(a)	In your leisure or spare time, do you do any <u>vigorous</u> activities (like running or strenuous sports, weightlifting) for at least 10 minutes at a time?	YES.....1 NO.....2	—>8(a)
7(b)	IF YES, in a usual week, how many days do you do <u>vigorous</u> activities as part of your leisure or spare time?	DAYS_____ <input type="text"/> <input type="text"/>	
7(c)	How much time do you spend doing this on a usual day?	_____ HOURS _____ MINUTES	
8(a)	In your leisure or spare time, do you do any <u>moderate-intensity</u> activities (like brisk walking, cycling or swimming) for at least 10 minutes at a time?	YES.....1 NO.....2	—>9
8(b)	IF YES, in a usual week, how many days do you do <u>moderate-intensity</u> activities as part of your leisure or spare time?	DAYS_____ <input type="text"/> <input type="text"/>	
8(c)	How much time do you spend doing this on a usual day?	_____ HOURS _____ MINUTES	
Sitting / Resting Activity: <i>Now I would like to ask you about the time spent sitting or resting, not including sleeping, in the past 7 days. This may include time sitting at a desk, visiting friends, reading, or sitting down to watch television.</i>			
9.	Over the past 7 days, how much time did you spend sitting or reclining (lying) on a usual day? (Per day)	_____ HOURS _____ MINUTES (Per day)	

RESEARCH ASSISTANT NAME:

BIOLOGICAL MOTHER/FATHER ONLY MEASUREMENTS

MOTHER

SECTION A:

- STANDING HEIGHT: (mm)
- SITTING HEIGHT: (mm)
- WEIGHT: (kg)
- WAIST CIRCUMFERENCE: (mm)
- HIP CIRCUMFERENCE: (mm)

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SECTION B: BODY COMPOSITION & BONE DENSITY

- DXA Whole Body, Hip, Spine

Y	N
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SECTION C: BLOOD PRESSURE

- SYSTOLIC BP
- DIASTOLIC BP
- PULSE
- TIME OF BP

		h						

SECTION D: CLINICAL TESTING

	YES	NO
Diabetes (Fasting glucose & insulin)		
Diabetes (Full OGTT)		
Cholesterol		
DNA SCREENING		

RESEARCH ASSISTANT NAME:

FATHER

SECTION A:

- STANDING HEIGHT: (mm)
- SITTING HEIGHT: (mm)
- WEIGHT: (kg)
- WAIST CIRCUMFERENCE: (mm)
- HIP CIRCUMFERENCE: (mm)

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SECTION B: BODY COMPOSITION & BONE DENSITY

- DXA Whole Body, Hip, Spine

Y	N
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SECTION C: BLOOD PRESSURE

- SYSTOLIC BP
- DIASTOLIC BP
- PULSE
- TIME OF BP

		h						

SECTION D: CLINICAL TESTING

	YES	NO
Diabetes (Fasting insulin & glucose)		
Diabetes (OGTT)		
Cholesterol		
DNA SCREENING		

RESEARCH ASSISTANT NAME:

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NOTES

PLEASE WRITE DOWN ANY INFORMATION AROUND YOUR OBSERVATIONS OF THE BTT CHILD, THE CAREGIVER, AND THEIR FAMILY SITUATION.

REFERRAL LOG SHEET

BTT / Bone study ID	
Surname	
Name	
Contact number	
Date	
Referral case	
Interviewer	

Office use

Recommendation	
Follow-up	Date: Comments: