



**BIRTH TO TWENTY BARA SITE: 15TH YEAR
ADOLESCENT QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

There are 10 sections to this questionnaire that we are going to work through together, it will take about 35 minutes

The FIRST section of the questionnaire we are going to discuss is about your FAMILY

How many brothers and sisters do you have (children who have either one or both the biological mother and father as you)

	Name	Age	Gender	Highest education level or current grade	Where do they live? (Suburb, City, Province, Country)
1					
2					
3					
4					
5					
6					

Now we are going to talk about your PARENTS

Are you living with BOTH your parents?	NO	YES
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If YES, skip the following questions and go to the section (Family bonding)

If NO, do you live with your MOTHER?	NO	YES
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If NOT living with MOTHER, do you see your MOTHER?					NO	YES
If YES, how often?	See her very seldom	More than once a year	More than once a month	More than once a week		

If NO, do you live with your FATHER?					NO	YES
If NOT living with FATHER, do you see your FATHER?					NO	YES
If YES, how often?	See him very seldom	More than once a year	More than once a month	More than once a week		

Let us talk about your feelings towards your FAMILY

How strongly do you feel about each of the following sentences? A “YES!” is checked if the statement is very true, “yes” if it is somewhat true, “no” if it is somewhat false, and “NO!” if it is very false.

	YES!	Yes	no	NO!
I can tell my parents/caregivers the way I feel about things				
My family expects too much from me				
Sometimes I am ashamed of my parents/caregivers				
My family has let me down				
I like to do things with my family				
I enjoy talking with my family				

Who do you regard as your MAIN caregiver?

Answer the following questions with regard to your MAIN Caregiver.

	Not like him/her	Somewhat like him/her	A lot like him or her
Supports and encourages me			
Gives me attention and listens to me			
Shows me affection			
Praises me			
Comforts me			

Respects my sense of freedom			
Understands me			
Trusts me			
Gives me advice and guidance			
Provides for my necessities			
Gives me money			
Buys me things			
Has open communication with me			
Spends time with me			
Supports me in my school work			

The SECOND section of the questionnaire we are going to chat about your thoughts around your APPEARANCE

1. Have you tried to **lose weight** during the past year?

Yes	No
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2. If YES, what was the **most important** reason (**mark only one**)

It is healthy	
I want to look better	
My clothes were too tight	
I am too fat compared to my friends	
I am unhappy with myself	
I dream of being a model or movie/TV star	
Any other reason, specify	

3. If you did try to **lose weight**, describe all the methods you have tried. Include any information on diet, exercise, pills or anything else that you have tried.

1. 2. 3. 4. 5.

4. Did you try to **build more muscles** or grow bigger during the past year?

5. If YES, what was the most important reason (mark only one)?

Yes	No
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It is healthy	
I want to look better	
Compared to my friends I have too little muscle	
I am unhappy with myself	
I dream of being a model or movie/TV star	
Any other reason, specify	

6. If you did **try to build more muscles**, describe all the methods you have tried. Include any information on diet, exercise, pills or anything else that you have tried.

1.
2.
3.
4.
5.

Now I am going to ask you some questions about the way you feel about your body

	Never	Seldom	Sometimes	Often	Always
1. I like what I look like in pictures	0	1	2	3	4
2. Other people consider me good looking	0	1	2	3	4
3. I'm proud of my body	0	1	2	3	4
4. I'm preoccupied with trying to change my body weight	0	1	2	3	4
5. I like what I see when I look in the mirror	0	1	2	3	4
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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11. People my own age like my looks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. My looks upset me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. I'm as nice looking as most people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14. I'm pretty happy about the way I look	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15. I feel I weigh the right amount for my height	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16. I feel ashamed of how I look	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17. Weighing myself depresses me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18. My weight makes me unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19. I worry about the way I look	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. I think I have a good body	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21. I'm looking as nice as I'd like to	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

The THIRD section of the questionnaire is about your ACTIVITIES and CLUBS

How often during this year (last 12 months) did you participate in the following activities, or did you do the following things?

	Never	A few times a year	Once or twice a month	Once a week	Daily or almost daily
Supported a school sports team by attending their matches/games					
Participated in a school society or club					
Worked in a school garden or community garden					
Collected money or goods for your school, your church or a charitable organisation					
Participated/sang in a choir					
Been a member of a civic or community organisation					
Been a member of a dance or music group					

Read the newspaper or watched TV news					
Helped a friend with homework or some other project					
Gave money/food to someone who was poor or hungry					
Attended a church service					
Participated in a church activity other than a religious service					
Read the bible or another religious book					
Volunteered (offered) to help out around the house					

The FOURTH section of the questionnaire is about your SCHOOL HISTORY

Year	Grade	School	Notes
2006			
2005			
2004			
2003			
2002			
2001			
2000			
1999			
1998			

1997			
1996			
1995			
Preschool (formal; Grade 0)			
Preschool (informal)			
Day care (Informal)			

I am going to ask you questions around your move from PRIMARY (grade 7) to HIGH SCHOOL (grade 8 onwards)

Compared to your last year at primary school... (grade 7)	Less	Same	More
How much further (traveling distance) is your high school from home?			
How many pupils are in your high school?			
How many pupils are in your high school class?			
How difficult is the work at high school?			
To what extent are you coping with the work at High School?			
How much homework do you get at high school?			
How many people do you know at high school?			
Do you have more close friends at high school?			
Are you lonely at high school?			
Are there more rules at high school?			
Is it more difficult to get to know your teachers at high school?			
Are your teachers at high school more supportive			

The FIFTH section of the questionnaire is about your RELIGIOUS BELIEFS

Do you belong to any religious group?	NO	YES
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If YES, which one?

ZCC Catholic Other Christian Hindu
 Muslim African traditional (Shembe)
 Other

How often do you attend religious services?	Never	Sometimes	Every week
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How important is religion in your life?	Not important	Important	Very important
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How true are the following statements about your religious beliefs?	Not true at all	Neutral (neither true nor false)	Very true
My religious beliefs makes it important for me to help others			
My religious beliefs make me responsible for promoting fairness and justice			
My religious beliefs are similar to my parents			
I attend religious services/activities only because my parents expect this of me			
I feel that I am spiritual religious but I do not follow any organised religion			

The SIXTH section of the questionnaire we are going to talk about VIOLENCE in your community and school

How often do the following apply to you (not on TV or in movies)	Never	Once or twice	A few times	Many times
I have heard gun shots				
I have seen somebody arrested				
I have seen drug deals				
I have seen someone being beaten up				
My house has been broken into				
I have seen somebody get stabbed				

I have seen somebody get shot				
I have seen a gun in my home				
I have seen alcohol such as beer, wine, or hard liquor in my home				
I have seen gangs in my neighbourhood				
I have seen somebody pull a gun on another person				
I have seen someone in my home get shot or stabbed				

At school, how often have you been:	Never	Once or twice	A few times	Many times
Hit by a student				
Hit by school staff				
Kicked or pushed by a student				
Kicked or pushed by school staff				
Badly beaten up				
Threatened with a knife or sharp weapon				
Attacked with a knife or sharp weapon				
Threatened with a gun				
Verbally or emotionally abused by a student, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Verbally or emotionally abused by school staff				
Sexually harassed by a student (unwelcome advances which continue after saying no)				
Sexually harassed by school staff				
Sexually assaulted (attacked)				
Robbed				

In your neighbourhood, how often have you been:	Never	Once or twice	A few times	Many times
Hit				
Kicked				
Pushed or shoved				
Badly beaten up				

Threatened with a knife or sharp weapon				
Attacked with a knife or sharp weapon				
Threatened with a gun				
Verbally or emotionally abused, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Shot at				
Sexually harassed				
Sexually assaulted (attacked)				
Robbed				

At home, in the past, how often have you been:	Never	Once or twice	A few times	Many times
Hit				
Kicked				
Pushed or shoved				
Badly beaten up				
Threatened with a knife or sharp weapon				
Attacked with a knife or sharp weapon				
Threatened with a gun				
Verbally or emotionally abused, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Shot at				
Sexually harassed				
Sexually assaulted (attacked)				
Robbed				

At school, how often have YOU done these things:	Never	Once or twice	A few times	Many times
Hit or kicked someone				
Pushed or shoved someone when you were angry				
Badly beaten someone up				
Threatened someone with a knife or sharp weapon				

Attacked someone with a knife or sharp weapon				
Threatened someone with a gun				
Verbally or emotionally abused someone, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Sexually harassed someone				
Robbed someone				
Been suspended from school				
Gotten into a fight after drinking or getting high				

Outside of school , how often have YOU done these things:	Never	Once or twice	A few times	Many times
Hit or kicked someone				
Pushed or shoved someone when you were angry				
Badly beaten someone up				
Threatened someone with a knife or sharp weapon				
Attacked someone with a knife or sharp weapon				
Threatened someone with a gun				
Verbally or emotionally abused someone, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Sexually harassed someone				
Robbed someone				
Gotten into a fight after drinking or getting high				

The SEVENTH section of the questionnaire is about RELATIONSHIPS

Are you dating someone now (involved, steady boyfriend/girlfriend)?

YES	NO
Answer the following questions	Skip this section

Is this a serious relationship?	YES	NO
How long have the two of you been going together?		
Are you dating someone of the SAME or OPPOSITE sex?	Opposite	Same
1. Do you feel this is the real love of your life, or 2. Do you think you are still to meet the one?	1	2
Have your parents/caregiver met this person?	YES	NO

If YES, do they like the person?	YES	NO
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The EIGHTH section of the questionnaire is about what you think of people that have HIV/AIDS

How strongly do you agree with the following statements?

Read each statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
I will sleep alongside someone who has HIV/AIDS						
I will share a meal with someone who is HIV positive						
I will talk to someone who has HIV/AIDS						
I will treat a family member with AIDS, well						
I will not get infected by being in the same room as an infected person						
Health workers should not write on a death certificate that a person died of HIV/AIDS related illness						

The Second LAST section of the questionnaire we are going to play the “ASPIRATIONS” game

Now suppose you were elected to be President of South Africa and could develop policies to solve social problems, but only had funds to tackle five problems. Which **FIVE** government issues would **YOU** support? (Please rate those five issues from 1 – 5).

Reduce the spread of AIDS	
Decrease homelessness in Johannesburg-Soweto	
Increase the availability of jobs	
Reduce the destruction of the environment and increasing pollution	
Decrease the extent of illegal alcohol use by young people	

Reduce the number of teen pregnancies	
Combat international terrorism	
Reduce the amount of racism and prejudice still in this country	
Improve the poor quality of schools	
Decrease crime	
Ban pornography	
Affirmative actions programmess	
Improve the availability of good quality health care	
Increase taxes on wealthy people	
Increase availability of condoms	
Increase availability of abortions	
Bring back the death penalty	
Sex education in schools	
Increase the minimum wage for workers	

The Second LAST section of the questionnaire I am going to ask you some questions about your EATING HABITS

EATING HABITS AND PRACTICES OF ADOLESCENTS

SECTION A: Breakfast habits

Think about a **usual school week and weekend** and try to answer the following questions about your eating habits as truthfully as possible. There are no right or/ wrong answers so please feel free to give your answer.

1. On how many weekdays do you usually eat breakfast? **Mark one only**

- | | | |
|-------------------|---|--------------------------|
| Never | 1 | |
| 1-2 days | 2 | |
| 3-4 days | 3 | |
| Every weekday (5) | 4 | <input type="checkbox"/> |

2. How often do you usually eat breakfast on a weekend? **Mark one only**

- | | | |
|-----------------------|---|--------------------------|
| Never | 1 | |
| Saturdays only | 2 | |
| Sundays only | 3 | |
| Saturdays and Sundays | 4 | <input type="checkbox"/> |

3.1 What best describes the way you usually eat during the week? **Mark one only**

- | | | |
|-----------------------|---|--------------------------|
| 3 or more meals a day | 1 | |
| 2 meals a day | 2 | |
| 1 meal a day | 3 | <input type="checkbox"/> |

3.2 What best describes the way you usually eat over a weekend? **Mark one only**

- 3 or more meals a day 1
- 2 meals a day 2
- 1 meal a day 3

4. How many times do you eat snacks in a day? **Mark one only**

- Just once a day 1
- Twice a day 2
- 3 or more times a day 3
- Never 4

SECTION B: Fastfoods

1. How often during the **past week** (past 7 days) did you eat any of the following takeaways?

Tick each item

	0 x last week	1x last week	2x last week	3x last week	4x last week	5+ last week
Hamburger						
Chicken Burger						
Fried fish						
Fried chips						
Pizza						
Vetkoek						
Pies or sausage roll						
Samosas						
Pita bread						
Hotdog						
Boerewors roll						
Doughnuts						
Sweets						
Cake						
Chocolates						
Chips e.g. nik naks						
Ice cream						
Soft drinks e.g. Coke						
Squash e.g. <i>Drink-o-pop/Oros</i>						
Diet drinks						

Other:						
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2. How often do you usually eat at a friend's house? (In a week) Tick where applicable.

						5+ x
0 x per week	1 x per week	2 x per week	3 x per week	4 x per week		per week

SECTION C: School lunch box

Think about a typical school week and answer the following questions about your lunch box that you take to school.

1. How often do you generally take a lunch box to school? **Mark one only**

0 x per week	1 x per week	2 x per week	3 x per week	4 x per week	5 per week

2. Do you share or exchange what you have in your lunch box with friends?

	Yes	No
	1	2

3. Which foods do you often have in your lunch box? **Tick each item**

	0 x per week	Less than 2x per week	More than 2x per week
White bread or rolls			
Brown bread or rolls			
Fruit			
Chips			
Pap			
Meat or chicken			
Pie / sausage roll			
Cold drink			
Diet cold drinks			

Fruit juice			
Milk or sour milk			
Yoghurt			
Cheese			
Sweets or chocolates			
Biscuits or cookies			
Peanuts			
Other:			

4. Who prepares your school lunch box (yourself, mother, father etc)

5. Do you get money to spend on food / snacks at school? **Mark one only**

Yes	No	Sometimes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How much money do you usually get to spend at school per week on food?
Mark one only

R1 – R5	1
R6 – R10	2
R11 - R15	3
More than R15	4

7. Which of the following foods did you buy at school (tuck shop)? **Tick each item**

	Did not buy	Bought 1 time	Bought 2 times	Bought 3 times	Bought 4 times	Bought 5 times or more
White bread or rolls						
Brown bread or rolls						
Fresh fruit						
Chips						
Pap and Meat or chicken						
Fried chips						
Pie/sausage roll/samoosa						
Vetkoek						
Cold drink						
Diet cold drinks						
Fruit juice						
Milk or sour milk						
Yoghurt						
Cheese						

Sweets or chocolates						
Cakes/ donuts/ éclairs						
Popcorn						
Peanuts/nuts						
Other:						

1. How often do you snack when you are watching TV? **Mark one only**
- | | |
|-----------------------------|---|
| Every day | 1 |
| More than three days a week | 2 |
| Less than 3 days a week | 3 |
| Never | 4 |

2. Which snacks did you eat while watching TV last week (past seven days)? And how often?
Tick each item

	Didn't eat	1 time	2 times	3 times	4 times	5 or more times
Fruit						
Popcorn						
Chocolates						
Bread (any type)						
Crisps e.g. nik-naks						
Biscuits						
Cakes/ donuts/ éclairs						
Drinks e.g. Coke						
Fries						
Other:						

4. Do TV adverts on foods influence you to buy those food items? **Mark one only**
- | | |
|-------------|---|
| Never | 1 |
| Hardly ever | 2 |
| Often | 3 |
| Very often | 4 |

5. Which food and drinks that you see advertised on TV do you buy?

- 1.)
- 2.)
- 3.)

6. Where do you usually eat your main meal of the day? **Mark one only**
- | | |
|---------------------------------|---|
| Kitchen at a table/counter | 1 |
| Dining room at a table | 2 |
| In front of the TV off your lap | 3 |
| Other | 4 |

7. How many times do you eat dinner/supper with your family/parents/caregivers?

- Never 1
- Some Days 2
- Most Days 3
- Every Day 4

8. How much does your mother/caregiver/father control what you eat?

1.	Not at all	2.	Sometimes	3.	Mostly	4.	Completely
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SECTION D: Acculturation

1. What is your favourite “soap opera” on television and why?

2. How many times a week do you watch it?

 time/s a week

Research Assistant name:

Date:

Quality checked by:

Date:

ADOLESCENT MEASUREMENTS

ANTHROPOMETRY

- STANDING HEIGHT: (mm)
- SITTING HEIGHT: (mm)

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- WEIGHT: (kg)
- WAIST CIRCUMFERENCE: (mm)
- HIP CIRCUMFERENCE: (mm)

Research Assistant name:

Date:

BLOOD PRESSURE

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

		h		

Research Assistant name:

Date:

DXA SCAN

- Whole body composition scan

Y	N
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Research Assistant name:

Date:

COLLECTION OF SPECIMENS

- ULE URINE TEST
- ROUTINE BLOOD SAMPLE

Y	N
Y	N

Nursing Sister name:

Date:

PUBERTAL ASSESSMENT

- Pubertal assessment Questionnaire

Y	N
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Research Assistant name:

Date:

SELF COMPLETION

- Self completion Questionnaire

Y	N
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Research Assistant name:

Date:

NOTES