



**BIRTH TO TWENTY BARA SITE: 18<sup>TH</sup> YEAR  
ADOLESCENT ROUTINE QUESTIONNAIRE**

**DATE:** Day   Month   Year

**BTT ID NUMBER:**

**BONE ID NUMBER:**

**SECTION A: RESIDENTIAL INDEPENDENT MOVES PLANNED (CARREN)**

**SECTION B: THE MOOD DISORDER QUESTIONNAIRE (MDQ)**

1.	Has there ever been a period of time when you were not your usual self and...	YES	NO
	...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
	...you felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...you got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were much more talkative or spoke faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>

	...you had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>	<input type="checkbox"/>
	...spending money got you or your family into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2.	If you checked YES to more than one of the above, have several of these ever happened period of time? <b><u>Please circle one response only.</u></b>		
	<b>YES</b>	<b>NO</b>	
3.	How much of a problem did any of these cause you — like being unable to work; having family, money, or legal troubles; getting into arguments or fights? <b><u>Please circle one response only.</u></b>		
	<b>No problem</b>	<b>Minor problem</b>	<b>Moderate problem</b>
	<b>Serious problem</b>		

**SECTION C: HOUSEHOLD SES**

**The NEXT section we are going to talk about your household and access to facilities**

1. Do you have no access, shared access or sole use of the following facilities:  
(please tick one box for each **facility**)

<b>Facility</b>	<b>No access [0]</b>	<b>Shared access [1]</b>	<b>Sole use [2]</b>
a) Indoor running hot and cold water			
b) Indoor running cold water only			
c) Outside tap only on property			
d) Water from other sources (please <b>specify</b> ) _____			
e) Flush toilet inside the home			

f) Flush toilet outside the home			
g) Pit latrine			
h) Bucket system			
i) Other type of toilet (please specify) _____			

2. Which of the following do you have in your household at the **present** time? (please tick one box for each **item**)

Item	No [0]	Yes [1]
a) Electricity		
b) Motor vehicle		
c) Fridge		
d) Microwave		
e) Washing machine		
f) Landline telephone		
g) Cell phone		
h) Television		
i) Radio		
j) Video machine/DVD		
k) MNet		
l) DSTV/Satellite		
m) Computer		
n) Internet access		

3. Do you have medical aid?

YES	NO
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4. Is the Bt20 adolescent covered by this medical aid?

YES	NO
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**SECTION D: EDUCATION, EMPLOYMENT, LIVELIHOODS**

**Educational status**

What is your highest educational qualification?

None	1	Post-matric certificate or diploma	6
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Junior Primary (Grade 1-3)	2
Senior Primary (Grade 4-7)	3
Grade 8 to grade 11 (std 6 to std 9)	4
Grade 12 (std 10)	5

Degree	7
Other (specify)	8

**Are you currently registered with any educational institution? (Tick the relevant institution)**

Yes	1	No	2
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**If yes, which educational institution?**

	Qualification registered for	Duration of the course in months
School		
University		
Technikon		
College		
Technical college		
Other (specify).....		

**If not registered, tell us why?**

Financial constraints	1
Looking after family/relatives	2
Not having time	3
Completed educational goals	4
Working	5
Other (specify).....	6

**Employment status**

What is your current employment status? (WHICH OF THE FOLLOWING BEST DESCRIBES YOUR PRESENT WORK SITUATION?) CIRCLE THE APPROPRIATE BOX

Unemployed, not looking for work	1	Student/learner	8
Unemployed, actively looking for work	2	Self-employed - full time	9

Unemployed, waiting for work to come		Self-employed - part time	10
Work in informal sector, not looking for permanent work	3	Employed part time (if none of the above)	11
Work in informal sector, looking for permanent work	4	Employed full time	12
Social Grant Recipient (/sick/disabled, etc.)	5	Other(specify) ..... .....	13
Housewife, not working at all, not looking for work	6		
Housewife, looking for work	7		

**What kind of employer do / did you work for? (circle box only)**

Government Organization	1
Non-governmental organization	2
Private company	3
Community based organization	4
I am self-employed	5
Domestic employment	6
I am unemployed	7

**What is your current occupation? (CIRCLE THE RELEVANT BOX)**

Legislators, senior officials and managers	1
Professionals	2
Technical and associate professionals	3
Service workers and shop and market sales workers	4
Clerks	5
Skilled agricultural and fishery workers	6
Craft and related trades workers	7
Plant and machine operators and assemblers	8
Elementary Occupation	9
Domestic workers	10
Not applicable	88
Occupation not adequately defined	97
Occupation not elsewhere defined, Unspecified	99

**If you are unemployed, have you ever had a job in your life time?**

Yes	1
No	2

**If not employed, and looking, for how many months have you been looking for a job?**

months
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**What do you think are the main reasons for your not having a job?**

**(Circle more than one box if necessary)**

There are no job opportunities where I live	1
No employer wants me because I don't have the skills for the job	2
No employer wants people from my school/ university	3
Employers want experience	4
The level of my education is not high enough	5
No employer wants people with skills in my field of study	6
I have not been looking for a job	7
I do not know	8
Other (please specify)	9
.....	

**Financial Status/Income**

**If you earn an income, how many hours do you usually work per week?**

Hours

**Please give the letter that best describes the PERSONAL TOTAL MONTHLY INCOME before tax and other deductions. Please include all sources of income i.e. salaries, social grants, income from investments, etc.**

		Household	Personal
	No income	1	1
1.1.1	R1 – R500	2	2

L	R501 –R750	3	3
M	R751 – R1 000	4	4
N	R1 001-R1 500	5	5
O	R1 501 – R2 000	6	6
P	R2 001 – R3 000	7	7
Q	R3 001 – R5 000	8	8
R	R5 001 – R7 500	9	9
S	R7 501 – R10 000	10	10
T	R10 001 – R15 000	11	11
U	R15 001 – R20 000	12	12
V	R20 001 – R30 000	13	13
W	More than R30 000	14	14
	Refuse to answer	15	15
	Uncertain/Don't know	16	16

**Who do you currently live with most of the time?**

Parents	1
Grandparents	2
Spouse/partner	3
Children	4
Other relatives	5
Non-relatives	6
Alone	7

**What is your relationship to the head of the household?**

Head of household	1
Spouse	2
Son or daughter	3

Other relation	4
Not related	5



**What is your current marital status?**

Married	With children	1
	Without children	2
Live together	With children	3
	Without children	4
Divorced	With children	5
	Without children	6
Widower/widow	With children	7
	Without children	8
Never married	With children	9
	Without children	10
Other (specify)		11

**SECTION E: SNYDER'S TRAIT HOPE SCALE**

Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided

1 = Definitely False	2 = Mostly False	3 = Somewhat False	4 = Slightly False
5 = Slightly True	6 = Somewhat True	7 = Mostly True	8 = Definitely True

1.	I can think of many ways to get out of a jam.	
2.	I energetically pursue my goals.	
3.	I feel tired most of the time.	
4.	There are lots of ways around any problem.	
5.	I am easily downed in an argument.	
6.	I can think of many ways to get the things in life that are important to me.	
7.	I worry about my health.	
8.	Even when others get discouraged, I know I can find a way to solve the problem.	
9.	My past experiences have prepared me well for my future.	
10.	I've been pretty successful in life.	
11.	I usually find myself worrying about something.	
12.	I meet the goals that I set for myself.	

**SECTION F: HOUSE HOLD**

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	Gender	Age	Relationship to <b>BTT child</b>	Highest level of education
1.			<b>BTT Child</b>	CODE: ➤ None ➤ Primary ➤ Secondary ➤ Tertiary
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**1) How good is your relationship with the following members of the family?**

	Classify from 1 (very good) to 5 (non-existent) 6 for deceased
Mother	
Father	
Grandmother	
Grandfather	

**2) Levels of interaction with members of family**

	How often do you communicate with mother/father/grandmother/grandfather on the following issues: 1=Often 2=rarely 3=never	Who usually initiates the conversation?	Usual or average or last encounter? Level of agreement 1=High 2=Medium 3=Low	Usual or average or last encounter? Level of altercation 1=High 2=Medium 3=Low
<b>Reproduction</b> Sexual- Relationships Sex Contraceptives Marriage				
<b>Career</b>				
<b>Academic studies</b>				
<b>Household chores</b>				
<b>National Politics</b>				
<b>Technology</b>				
<b>Parenting</b>				
<b>Etiquette</b>				
<b>Morality/religion</b>				
<b>How I'm feeling and coping with my life</b>				

**3) Are the following relatives still alive?**

	1=alive 2= not alive	If not alive, how old were you when s/he passed away?	Where staying 1= co residing 2=same residential area 3= other (urban area) 4= other (rural area) 5= another country
mother			
Father			
Grandmother			
Grandfather			

**4) How would you classify your family?**

Wealthy class	1
Middle class	2
Working class	3
Poor	4
None of the above	5

**5) Who is the main breadwinner in your household?**

Self	1
Mother	2
Father	3
Grandmother	4
Grandfather	5
Other(specify)	6

**6) Who makes the decisions about how to spend the money in the household?**

Everyone makes decisions about their own money	1
Father	2
Mother	3
Grandfather	4
Grandmother	5
We discuss together	6
Other – specify _____	7

7) What are the **THREE (3)** main expenses of this household? (*Don't read the options but use as examples if necessary*) **CIRCLE 1 OPTION IN EACH COLUMN**

Item	First main expense	Second main expense	Third main expense
Household necessities i.e. food, groceries etc.	01	01	01
Clothing	02	02	02
Rent/accommodation	03	03	03
Recreation/entertainment	04	04	04
Transport	05	05	05
Education for children	06	06	06
Water and electricity	07	07	07
Health care services (i.e. seeing Doctor or nurse)	08	08	08
Medicines and related items (e.g. syringes for diabetic treatment)	09	09	09
Payment of loans	10	10	10
Furniture or clothing payments	11	11	11
Caregiving for older person	12	12	12
Caregiving for someone in HH other than older person	13	13	13
Don't know	14	14	14
Other	15	15	15

8) What are sources of income in your household?

Source type	Rank each according to level of contribution to the household budget	From which member of the family? (Highest contributor)	From which member of the family? (Second highest contributor)
Salaries and wages(mother)			
Remittances from outside HH			
Govt Old age pension			
Private Old age pension			
Govt Disability grant			
Care dependency grant for disabled children			
Child support grant			
Foster care grant			
Grant in Aid			
War veteran's Grant			
Loans from family			

Gifts from Family			
Money from occasional employment			
Other (specify _____)			

**SECTION G: SYR**