



**BIRTH TO TWENTY  
SEVEN YEAR QUESTIONNAIRE**

DATE : Day  Month  Year

**BTT ID NUMBER:**

**BONE STUDY ID NUMBER:**

**BTT CHILD'S NAME(S):** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

1. Coded by \_\_\_\_\_
2. Checked by \_\_\_\_\_
3. Name of Fieldworker \_\_\_\_\_

**RELATIONSHIP TO THE CHILD:**

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

Yes=1	No=0
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**IF YOU ARE NOT THE BIOLOGICAL MOTHER:**  
What is your relationship to the child?

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**NOTES OR COMMENTS BY THE INTERVIEWER:**

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**FERTILITY:**

2. Does the BTT child have any younger brothers or sisters?

Yes=1	No=0
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**IF YES:** Specify dates of birth:

Child 1 \_\_\_\_/\_\_\_\_/19\_\_\_\_

Child 2 \_\_\_\_/\_\_\_\_/19\_\_\_\_

Child 3 \_\_\_\_/\_\_\_\_/19\_\_\_\_

Child 4 \_\_\_\_/\_\_\_\_/19\_\_\_\_

Child 5 \_\_\_\_/\_\_\_\_/19\_\_\_\_

4. Is BTT mother pregnant now?

Yes=1	No=0
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5. Did the mother use any **contraceptives** in the **past year**?

Yes=1	No=0
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**IF NO:** Has the mother been sterilized?

Yes=1	No=0
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**IF YES:** Which method is being used?

Pill	IUD	Injection	Condom	Other
1	2	3	4	5

**IF OTHER: Please list**

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6. If you became pregnant in the future would you consider having a termination (legal abortion)?

Yes=1	No=0
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**HOUSEHOLD INFORMATION:**

7. Please list all the members of the household where the BTT child lives (people generally sharing the same main meal).  
Start with the household head and then complete from the oldest to the youngest person (including the BTT child).

Name	Sex	Age	Relationship to BTT child	Sex	Age	Rel
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

8. In how many rooms do these above household members sleep (**including** kitchen, lounge, dining room, bedrooms or outside structures)? \_\_\_\_\_

9. How would you describe your **home**?

Shack/Zozo	1	House	3	Shared House	5
Flat/Cottage	2	Hostel	4	Room/garage	6

11. Home ownership:

Own home- nothing owing on it	1
Own home- still paying for it	2
Rented or leased	3
Staying for free	4

12. Do you have a separate kitchen?

Yes=1	No=0
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13. How do you dispose of your refuse?

Dump garbage away from home	Yes= 1	No=0
Burn garbage	Yes= 1	No=0
Bury garbage in yard	Yes= 1	No=0
Garbage gets collected	Yes= 1	No=0

14. Household water: Do you have access to?

Indoor water	1	Only outside tap water	2	Other water source	3
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15. What type of toilet do you have?

Flush inside	1	Only flush outside	2
Pit/bucket	3	Other type	4

16. Which of the following do you have in your household at the present time?

Electricity	Yes= 1	No= 0
Television	Yes= 1	No= 0
Radio	Yes= 1	No= 0
Motor vehicle	Yes= 1	No= 0
Fridge	Yes= 1	No= 0
Washing machine	Yes= 1	No= 0
Telephone	Yes= 1	No= 0
Video machine	Yes= 1	No= 0
Microwave	Yes= 1	No= 0

17. Education (last standard **passed**):

	Mother	Current Partner
No formal education	1	1
Grade 1-2	2	2
Std 1-3	3	3
Std 4-5	4	4
Std 6-7	5	5
Std 8	6	6
Std 9	7	7
Matric	8	8

18. Mother's job/occupation: \_\_\_\_\_

\_\_\_\_\_

19. Current partner's job/occupation: \_\_\_\_\_

\_\_\_\_\_

20. Marital status of mother:

Single	1	Divorced or separated	2
Married	3	Widowed	4

21. Are you currently living with a partner?

Yes=1	No=0
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22. Maternal support:

Is the biological father living with mother?

Does the BTT child's biological father give any financial assistance?

Do you get financial help from your current partner (if he is not the biological father of BTT child)?

Is medical aid available for BTT child?

Yes= 1	No= 0
Yes= 1	No= 0
Yes= 1	No= 0
Yes= 1	No= 0

**GENERAL HEALTH OF THE CHILD:**

23. Compared to other children of this child's age, would you say this child's health is:

Good= 1	Fair= 2	Poor= 3
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**IF POOR: Please explain** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Has you child ever had:

One or more broken bones	Yes= 1	No= 2
Vehicle accident (as a passenger)	Yes= 1	No= 2
Vehicle accident (as a pedestrian)	Yes= 1	No= 2
Burn injury in the home requiring clinic or hospital treatment	Yes= 1	No= 2
Poisoning in the home requiring clinic or hospital treatment	Yes= 1	No= 2

**IF YES:** Please explain each incident:

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25. Does your BTT child have problems with any of the following?

**HEARING:**

a) Does the child have poor hearing?

Yes=1	No=0
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b) Any discharge from his/her ear/ears?

Yes=1	No=0
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**IF YES:** Has the child had any professional advice or treatment?

Yes=1	No=0
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**IF YES:** Explain \_\_\_\_\_

**VISION:**

a) Does the child have poor vision?

Yes=1	No=0
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b) Does the child have a squint?

Yes=1	No=0
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**IF YES:** Has the child had any professional advice or treatment?

Yes=1	No=0
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**IF YES:** Explain \_\_\_\_\_

**FITS/CONVULSIONS:**

a) Has the child had any fits since birth?

Yes=1	No=0
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b) Does the child have regular fits now?

Yes=1	No=0
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**IF YES:** Has the child had any professional advice or treatment?

Yes=1	No=0
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**IF YES:** Explain \_\_\_\_\_

**ASTHMA:**

a) Does the child have asthma

Yes=1	No=0
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**IF YES:** Has the child had any professional advice or treatment?

Yes=1	No=0
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**IF YES:** Explain \_\_\_\_\_

**If the child has asthma:**

Does he/she require inhalers, sprays or pumps?

Yes=1	No=0
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How many severe attacks requiring treatment ( at clinic/hospital/GP) during the past year?  
\_\_\_\_\_

b) Are there any relatives with asthma?

Yes=1	No=0
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Who on mother's side? \_\_\_\_\_

Who on father's side? \_\_\_\_\_

c) Number of siblings with asthma \_\_\_\_\_

26. Has the BTT child suffered from TB?

Yes=1	No=0
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27. Did the BTT child have measles?

Yes=1	No=0
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**HOSPITALIZATION (including chest illnesses)**

28. Has the BTT child been admitted to a clinic, nursing home or hospital during the past year? (Including a drip room, sleep over or ward BTT at Baragwanath)?

Yes=1	No=0
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**IF YES:**

Age	Duration (days)	Reason
1.		
2.		
3.		
4.		
5.		

**SERIOUS MEDICAL OR DEVELOPMENTAL PROBLEMS:**

29. Does the BTT child have, or has the child had any **serious medical or developmental problems or any injuries** during the **past 2 years**?

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) \_\_\_\_\_

**FREE HEALTH CARE FOR CHILDREN UNDER 6 YEARS:**

30. In comparison to before 1994, are the services provided by the hospitals/clinics

Worse	1	The same	2	Improved	3
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31. In comparison to before 1994, are the queues at hospitals/clinics

Worse	1	The same	2	Improved	3
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**MEDICAL HISTORY OF HOUSEHOLD MEMBERS:**

32. Is the BTT child's mother/caregiver or any other household members chronically ill or disabled?

Yes=1	No=0
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**IF YES:**

**Who** is it and **describe** their condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. **BTT mother/caregiver:**

Has a doctor or nurse told you that you had or have:

	Yes	No	Don't know
High blood pressure	1	2	3
Diabetes or sugar in the blood	1	2	3
Heart attack/angina	1	2	3
Stroke: muscle paralysis or sensory loss	1	2	3
High blood cholesterol (fats)	1	2	3

34. **BTT mother/caregiver:**

Do you take medication prescribed by a doctor (pills or injections) for

	Yes	No	Don't know
High blood pressure	1	2	3
Diabetes or sugar in the blood	1	2	3
Heart disease	1	2	3
Other (specify)	1	2	3

35. Do you have a close relative (father, mother, brother, sister, or child) who has or had any of the following conditions?

	Yes	No	Don't know
High blood pressure	1	2	3
Diabetes or sugar in the blood	1	2	3
Heart attack/angina	1	2	3
Stroke	1	2	3
High blood cholesterol (fats)	1	2	3

**SMOKING:**

The following questions should be answered by the child's primary caregiver

36. Have you ever smoked daily for 6 months or more?

Yes=1	No=0
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37. Do you smoke now?

Yes, daily = 1	Yes , occasionally = 2	Not at all = 3
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**IF YES:** How many cigarettes do you smoke per day? \_\_\_\_\_

Which brand name do you smoke?

\_\_\_\_\_

38. If your partner lives in the same house as the BTT child, does he smoke?

Yes, daily = 1	Yes , occasionally = 2	Not at all = 3
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**IF YES:** How many cigarettes does he smoke per day? \_\_\_\_\_

Which brand name does he smoke?

\_\_\_\_\_

39. Are any other members of your household regularly smoking?

Yes=1	No=2
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**IF YES,** who are they and what brand names are they smoking?

RELATIONSHIP TO BTT CHILD	BRAND NAME

40. Altogether, how many regular smokers are there in the household (including yourself)? \_\_\_\_\_

**HOUSEHOLD FOOD SCARCITY:**

41. Does your household ever run out of money to buy food to make meals?

Yes=1	No=0
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42. Do you or members of your household ever eat less than you feel you should because there is not enough money for food?

Yes=1	No=0
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43. Do you or members of your household ever cut the size of meals or skip meals because there is not enough money for food?

Yes=1	No=0
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44. Do your children ever eat less than you feel they should because there is not enough money for food?

Yes=1	No=0
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45. Do you ever cut the size of your children's meals or do they ever skip meals because there is not enough money for food?

Yes=1	No=0
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46. Do your children ever say they are hungry because there is not enough food in the house?

Yes=1	No=0
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47. Do any of your children ever go to bed hungry because there is not enough money to buy food?

Yes=1	No=0
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**INCOME:**

Income is a sensitive question to many people. However, it is very important for Birth To Twenty to have an idea of your monthly income. We would appreciate it if you could answer the following questions:

48. Mother’s monthly income:

Between R1 and R500	1	Between R501 and R1000	2
Between R1001 and R2000	3	Between R2001 and R3000	4
Between R3001 and R4000	5	More than R4000	6

49. Partner’s monthly income:

Between R1 and R500	1	Between R501 and R1000	2
Between R1001 and R2000	3	Between R2001 and R3000	4
Between R3001 and R4000	5	More than R4000	6

50. Do you have any immediate family member’s that are dependant on receiving remittances (money or goods) from your household?

Yes=1	No=0
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**IF YES:** How much (value) R\_\_\_\_\_

51. Please list any family , friends or organisations that gave you financial support during the **past six months**

<b>WHO</b>	<b>WHAT ( e.g. groceries, money, clothes etc)</b>



52. Do you have an account at a clothing store? (e.g. Edgars or Sales House)

Yes=1	No=0
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53. Do you have a hire purchase account? (e.g. OK or Beares)

Yes=1	No=0
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54. Do you have any money saved?

Yes=1	No=0
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**MISSED QUESTIONS AT PREVIOUS OCCASSIONS**

55. Has either of the child's parents died?

Yes=1	No=0
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**IF YES:** Who died and when

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56. Is there any history of the child being abandoned by mother or other caregiver?

Yes=1	No=0
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**IF YES:** What happened and when

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57. Does the child, or has the child lived apart from his/her mother/caregiver **at any stage** during the preceding 7 years (not counting odd weekends and holidays)?

Yes=1	No=0
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**IF YES: when, who** did/does the child live with and **why**?

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## STRESS AND VIOLENCE:

***Sometimes one's life and that of one's close family, goes through periods of being very stressful. I would like to ask you some questions about any stresses you might have experienced in the last few months***

58. During the last 6 months, have you or a member of your close family been in real danger of being killed?

Yes=1	No=0
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59. During the last 6 months, has any household member died as a result of violence in the areas where you live or work?

Yes=1	No=0
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60. During the last 6 months, has any household member been injured as a result of violence in the areas where you live or work?

Yes=1	No=0
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61. During the last 6 months, has any household member been a victim of a violent crime (e.g. murder, robbery, assault, rape)?

Yes=1	No=0
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62. During the last 6 months, did you witness a violent crime (e.g. murder, robbery, assault, rape)?

Yes=1	No=0
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63. During the last 6 months, has violence in the areas where you live or work affected your ability to obtain health care for any of your children?

Yes=1	No=0
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64. During the last 6 months, have you found that you are in so much debt that you don't know how you will repay the money?

Yes=1	No=0
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65. Have you or one of your close family not been able to find a job for more than six months?

Yes=1	No=0
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66. During the last 6 months, have you or anyone in your close family been seriously ill?  

Yes=1	No=0
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67. During the last 6 months, did any member of your close family die?  

Yes=1	No=0
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68. Is there anyone in your close family with a serious disability (for example, epilepsy, mental retardation, deafness, blindness, mental illness)?  

Yes=1	No=0
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69. Is there anyone in your close family that has a problem with drugs or alcohol?  

Yes=1	No=0
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70. During the last 6 months, have you had a break-up with your husband or partner?  

Yes=1	No=0
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71. During the last 6 months, has your husband or partner hit or beaten you?  

Yes=1	No=0
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72. During the last 6 months, have you had any serious fight or alienation from members of your family or your close neighbours?  

Yes=1	No=0
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73. During the last 6 months, 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?  

Yes=1	No=0
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74. During the last 6 months, have you given help (money, accommodation etc) to close family or friends in need?  

Yes=1	No=0
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75. During the last 6 months, have you been separated unwillingly from any of your children (excluding holidays).

Yes=1	No=0
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76. During the last 6 months, have you experienced any problems with your child or children (such as schools closing, failure at school, problem behaviour, drugs etc)?

Yes=1	No=0
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**IF YES:** Specify problem

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77. During the past 3 months have you been anxious, worried or upset? Would you say?

Not at all	1
A little bit	2
Some-enough to bother me	3
Quite a bit	4
Very much so	5
Extremely so- to the point that I have just about given up	6

78. During the past 3 months, have you felt so sad, discouraged, hopeless or had so many problems that you wondered if anything was worthwhile?

Not at all	1
A little bit	2
Some-enough to bother me	3
Quite a bit	4
Very much so	5
Extremely so- to the point that I have just about given up	6

**PARENT/CAREGIVER INFORMATION ABOUT CHILD'S ACTIVITIES 1997**

**PARENT RATING OF CHILD BEHAVIOUR (attached)**  
SACAS (South African Child Assessment Schedule)

79. Where is the child in the morning during the week?

Home	1
Creche or care facility	2
Formal school (including a preschool class)	3
Other (describe)	4

80. If the child is at school, what class (grade, standard) is the child in:

Preschool class (Sub Standard a/Grade 0)	1
Grade 1 (Sub A)	2
Grade 2 (Sub B)	3
Std 1	4

81. If the child has previously been in formal school, has the child failed a year or been held back a year?

Yes=1	No=0
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82. Have any of your other children ever failed a year at school?

Yes=1	No=0
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83. If the child is at school, did the child attend some kind of crèche or preschool Facility the year before starting school Sub A/Grade 1?

Yes=1	No=0
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**IF YES:** What kind?

Attended crèche or child care facility	1
Attended preschool (a preparatory class- Grade 0- at a formal school i.e. at least 1 year	2
Attended crèche and preschool	3

84. What is the name and address of the child's school?

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85. Did your child eat anything for breakfast this morning?

Yes=1	No=0
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**IF YES:** List all the ingredients (e.g. porridge, milk and sugar, bread and margarine, tea and milk and sugar etc).

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86. Is this what he/she eats most mornings?

Yes=1	No=0
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87. How does the child go to school in the morning?

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88. If the child has to pay for transport, how much do you pay per month?

R\_\_\_\_\_

89. What arrangements do you have for the child's lunch at mid-day

Eat lunch at home or at child carer's home	1
Home packed lunch at school	2
Money for purchase from school shop	3
Money for purchase from vendors outside school	4
School provides a free snack	5
None	6

90. Who looks after the child in the afternoon?

Parent or adult relative/friend	1
Paid caregiver/childminder in child's home	2
Paid caregiver/childminder in minder's home	3
After-school care	4
Another child (someone younger than 18 years)	5
No one	6

91. Does anyone look through the child's school work at home or help with homework after school?

Yes=1	No=0
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**IF YES:** Who?

Mother	1
Father	2
Other adult	3
Sibling or other older child	4
No one	

92. Have you met the child's teacher?

Yes=1	No=0
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93. What does the child usually do in the afternoon? (Tick all that apply)

School/sports or extramural activities at school	1
Play at home with friend	2
Play in the neighbourhood with friends	3
Play alone	4

94. Please list your child's favourite games, activities, hobbies (e.g. dolls, cars, books; **activities in addition** to radio or TV if listed)

	1
	2
	3
	4
	5

95. Please list any jobs, chores or responsibilities that your child has in the home

	1
	2
	3
	4
	5



96. Has your child been, or have you suspected that your BTT child has been, emotionally, physically or sexually abused by anyone?

Yes=1	No=0
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**IF YES: Who** was involved and **what** happened or what do you think happened?

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**What** action did you take?

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