



**BIRTH TO TWENTY: 10TH YEAR
CAREGIVER'S QUESTIONNAIRE**

DATE: Day Month Year

BTT ID NUMBER:

BONE STUDY ID NUMBER:

CHILD'S FIRST NAME(S) & SURNAME _____

PRIMARY CARETAKER'S NAME & SURNAME _____

PRIMARY CARETAKER'S RELATIONSHIP TO THE CHILD

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

Yes=1	No=2
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2. **If You Are Not** the biological mother: What is your relationship the child? (eg child's mother's sister or paternal grandmother)

NOTES OR COMMENTS BY THE RESEARCH ASSISTANT

SCHOOL INFORMATION ON BTT CHILD

1. What is the name of your child's school? _____

2. What is the address of your child's school? _____

3. What grade is you child in?

Grade 1	1
Grade 2	2
Grade 3	3
Grade 4	4
Grade 5	5

4. Has your child repeated any grade(s) at school?

Yes=1	No=2
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If **YES** which grades?

Grade 1	1
Grade 2	2
Grade 3	3
Grade 4	4
Grade 5	5

5. Academic records copied?

Yes=1	No=2
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If **NO** why?

HOUSEHOLD INFORMATION

1. 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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

2. Please list all the people who have died in your household, since **January 1999** and state the relationship to the BTT child

Names	Sex	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

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4. In your home, how many rooms are these just for sleeping?

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

Shack/ Zozo	1
Flat/Cottage	2
House	3
Hostel	4
Shared House	5
Room/ Garage	6
Other, please state	7

6. Household Water: Do you have access to?

Indoor Water	1
Only outside tap	2
Other source, specify	3

7. What type of toilet do you have?

Flush inside	1
Only flush outside	2
Pit/ bucket	3
Other source, specify	4

8. How do you dispose of your refuse?

Dump garbage away from home	Yes=1	No=2
Burn garbage	Yes=1	No=2
Bury garbage in yard	Yes=1	No=2
Garbage gets collected	Yes=1	No=2

9. Which of the following do you have in your house at the present time?

Electricity	Yes=1	No=2
Television	Yes=1	No=2
Radio	Yes=1	No=2
Motor vehicle	Yes=1	No=2
Fridge	Yes=1	No=2
Washing machine	Yes=1	No=2
Telephone	Yes=1	No=2
Video machine	Yes=1	No=2
Microwave	Yes=1	No=2
MNet	Yes=1	No=2
DSTV	Yes=1	No=2

10. Marital status of primary caretaker:

Single	1
Divorced/ Separated	2
Married	3
Widowed	4
Living with partner	5

11. Support for the BTT child:

Is the BTT child's biological father living with you
(if you are the biological mother)?

Yes=1	No=2
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Does the BTT child's biological father give any
financial assistance?

Yes=1	No=2
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Do you get financial help **for the BTT child** from your current partner (if you are the biological mother and if he is not the biological father of the child)?

Yes=1	No=2
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Is the BTT child currently covered by medical aid?

Yes=1	No=2
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12. Education (last standard **passed**):

	Primary Caretaker	Current Partner
No formal education	1	1
Grade 1-2	2	2
Std 1-3 (Grade 3-5)	3	3
Std 4-5 (Grade 6-7)	4	4
Std 6-7 (Grade 8-9)	5	5
Std 8 (Grade 10)	6	6
Std 9 (Grade 11)	7	7
Matric (Grade 12)	8	8

13. If College or University education:
Please indicate highest degree/diploma

14. Primary caretaker's job/occupation (including work in the informal sector)

15. **If not formally** employed, are you actively seeking a job?

Yes=1	No=2
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16. **Current partner's** job/occupation (including work in the informal sector)

17. If not formally employed, is he actively seeking a job?

Yes=1	No=2
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18. **Income** is a sensitive question to many people. However, it is very important for Birth To Ten to have an idea of your monthly income. We would appreciate it if you could answer the following questions:

Primary caretaker's monthly income:

No cash income	0	Between R1 and R500	1
Between R501 and R1000	2	Between R1001 and R2000	3
Between 2001 and R3000	4	Between R3001 and R4000	5
Between R4001 and R5000	6	More than R5000	7

19. Current caretakers monthly income:

No cash income	0	Between R1 and R500	1
Between R501 and R1000	2	Between R1001 and R2000	3
Between 2001 and R3000	4	Between R3001 and R4000	5
Between R4001 and R5000	6	More than R5000	7
Don't know	8		

FERTILITY OF THE BTT CHILD'S BIOLOGICAL MOTHER (If applicable)

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

Yes=1 No=2

If Yes specify dates from birth:

dd mm yy
 Child 1 ____/____/____
 Child 2 ____/____/____
 Child 3 ____/____/____
 Child 4 ____/____/____
 Child 5 ____/____/____

2. Is BTT mother pregnant now?

Yes=1 No=2

GENERAL HEALTH OF THE BTT CHILD

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

Good	1
Fair	2
Poor	3

If **POOR** please explain

2. Does the child have asthma?

Yes=1	No=2
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If **YES** has the child had any professional advice or treatment?

Yes=1	No=2
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If **YES** please explain _____

If **YES** does he / she require inhalers, sprays or pumps?

Yes=1	No=2
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If **YES** how many severe attacks requiring treatment (at clinic / Hospital / GP) has he / she had during the past year?

3. Has the BTT child ever been diagnosed with TB?

Yes=1	No=2
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4. Has the BTT child ever had measles?

Yes=1	No=2
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5. Has the BTT child ever had a fit?

Yes=1	No=2
-------	------

If **YES** how old was the child? _____ years _____ months

If **YES** is the child on any medications for the fits?

Yes=1	No=2
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6. Has your 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** for each incident please tell me when and what happened.

Date	Incident

7. Has the child had any of the following :

	In the last 5 years		In the first 5 years	
	Yes=1	No=0	Yes=1	No=0
1. Injury to the head?	Yes=1	No=0	Yes=1	No=0
With skull fracture?	Yes=1	No=0	Yes=1	No=0
With open scalp wound?	Yes=1	No=0	Yes=1	No=0
With loss of consciousness?	Yes=1	No=0	Yes=1	No=0

If **YES** for how long did she / he lose consciousness? _____ hrs _____ mins

	In the last 5 years		In the first 5 years	
	Yes=1	No=0	Yes=1	No=0
2. Serious bump / bang to the head?	Yes=1	No=0	Yes=1	No=0
From a fall?	Yes=1	No=0	Yes=1	No=0
From another cause?	Yes=1	No=0	Yes=1	No=0

If **YES** what was the cause? _____

8. Was the child hospitalised for either of the above?

Yes=1	No=2
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If **YES** for how long? _____ hrs _____ mins

HOSPITALISATION (including chest illnesses)

1. Has the BTT child been admitted to a clinic, nursing home or hospital during the **past year** for a period of 24 hours or more? (Including as drip room, sleep over or ward at e.g. Chris Hani – Baragwanath).

Yes=1	No=2
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If **YES**

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

SERIOUS MEDICAL OR DEVELOPMENTAL PROBLEMS

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

Yes=1	No=2
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If **YES** please list the

- (a) problem
- (b) type of treatment
- (c) 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) _____

2. In the past year has your BTT child ever been absent from school for a day or more due to ill health?

Yes=1	No=2
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If **YES** what was the longest period (in days) he / she was absent from school due to ill health? _____

MEDICAL HISTORY OR HOUSEHOLD MEMBERS

1. BTT biological mother

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

High blood pressure	No = 0	Yes = 1	Don't know = 2
Diabetes or sugar in the blood	No = 0	Yes = 1	Don't know = 2
Heart attack / angina	No = 0	Yes = 1	Don't know = 2
Stroke – muscle paralysis or sensory loss	No = 0	Yes = 1	Don't know = 2
High blood cholesterol (fats)	No = 0	Yes = 1	Don't know = 2
Osteoporosis / bone fractures	No = 0	Yes = 1	Don't know = 2

2. BTT biological mother

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

High blood pressure	No = 0	Yes = 1	Don't know = 2
Diabetes or sugar in the blood	No = 0	Yes = 1	Don't know = 2
Heart disease	No = 0	Yes = 1	Don't know = 2
Osteoporosis / bone fractures	No = 0	Yes = 1	Don't know = 2
Other (specify)	No = 0	Yes = 1	Don't know = 2

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

High blood pressure	No = 0	Yes = 1	Don't know = 2
Diabetes or sugar in the blood	No = 0	Yes = 1	Don't know = 2
Heart attack / angina	No = 0	Yes = 1	Don't know = 2
Stroke	No = 0	Yes = 1	Don't know = 2
High blood cholesterol (fats)	No = 0	Yes = 1	Don't know = 2
Osteoporosis / bone fractures	No = 0	Yes = 1	Don't know = 2

If **YES** please state who the person is (relationship to BTT child) and whether they are on The mother's or father's side of the family

Condition	Relationship to the child	
	Maternal family	Paternal family
High blood pressure		
Diabetes or sugar in the blood		
Heart attack or angina		
Stroke		

High blood cholesterol (fats)		
Osteoporosis / bone fractures		

ADULT TOBACCO INFORMATION

1. Have you ever smoked daily for 6 months or more? Yes=1 | No=2

2. Do you smoke now? Yes, daily = 1 | Yes, occasionally = 2 | Not at all = 3

If **YES** (a) how many cigarettes do you smoke per day?
and

(b) which brand name do you smoke _____

3. If your partner lives in the same house as the BTT child, does that person smoke?

Yes, daily = 1 | Yes, occasionally = 2 | Not at all = 3

If **YES** (a) how many cigarettes does that person smoke per day?
and

(b) which brand name does that person smoke? _____

Are any **other members** (excluding mother & her partner) of your household regularly smoking?

Yes=1 | No=2

If **YES who** are they and **what brand names** are they smoking?

Relationship to BTT child	Brand Name

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

5. Do you snuff? Yes, daily = 1 | Yes, occasionally = 2 | Not at all = 3

If **YES** what brand do you snuff? _____

6. Do you mix your snuff? Please explain _____

7. How long does a tin of snuff last you? _____

PSYCHO-SOCIAL INFORMATION

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

1. 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=2
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If **YES** specify problem in detail

2. 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

3. During the past **3 months**, have you felt so sad, discouraged, hopeless or has 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

4. If the answers to Q2 and / or Q3 are '**4' or higher**, please explain

5. Do you think that the area you live in is safe in general?

Yes=1	No=2
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If **NO** explain _____

6. Do you think that the area you live in is safe for children to play outside in the street / playground?

Yes=1	No=2
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If **NO** explain _____

7. Do you think that your child is safe whilst travelling to school?

Yes=1	No=2
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If **NO** explain _____

8. Do you think that your child is safe at school?

Yes=1	No=2
-------	------

If **NO** explain _____

9. Do you know anyone who owns a gun?

Yes=1	No=2
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If **YES** who?

Family member	1
Neighbour	2
Friend	3
Other	4

10. Does the child have any problems at school?

Yes=1	No=2
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If **YES** explain _____

FOR THE BTT GIRL CHILD'S MOTHER : MENSTRUATION

1. Has your daughter started to mature sexually in terms of?

(a) breast development

Yes=1	No=2
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(b) growth of pubic hair

Yes=1	No=2
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2. Has your daughter started menstruating?

Yes=1	No=2
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If **YES** at what age did she start menstruating? _____ month _____ year

3. What have you told your daughter about menstruation?
