

University of the WitwatersrandDepartment of Paediatrics and Child Health

BIRTH TO TWENTY: 11 TH YEAR CHILD QUESTIONNAIRE	
DATE: Day Month Year	
Is there a nickname by which you would like to be called?	
BTT ID NUMBER :	
BONE STUDY ID NUMBER :	0 1
WELLNESS AND HEALTH ## ¹ Exercise 1. How many times a week do you exercise for at least 20 minutes? Never Once Two times Three times Four or more times	
0 1 2 3 4	
2. Are you in an organised sports team?3. Apart from physical education classes at school, did you take part in any during the past year which involved adult coaching or instruction?	sports No 0 Yes 1 No 0 Yes 1

WELLNESS AND HEALTH (continued)	
Nutrition4. How many servings of fruit or vegetables do you usually eat each day?	
None One Two Three Four or more	
0 1 2 3 4	
5. How many servings of dairy products do you eat each day?	
None One Two Three Four or more	
0 1 2 3 4	
6. How many times each day do you eat fried foods?	
None One Two Three Four or more	
0 1 2 3 4	
7. How do you feel about your body?	
I'm too thin I'm too fat I'm just right I'm not sure	
1 2 3 4	
8. Have you ever made yourself throw up what you've eaten	No 0 Yes 1
If YES, How many times each week do you make yourself throw up what you have eaten?	
Less than once Once Twice Three or more times	
1 2 3 4	
9. About how many hours a day do you spend watching television? a) During weekdays (Monday to Friday) In early morning	
In afternoon	
In the evening	
b) Over weekends (Saturday and Sunday) In early morning	
In afternoon	
In the evening	

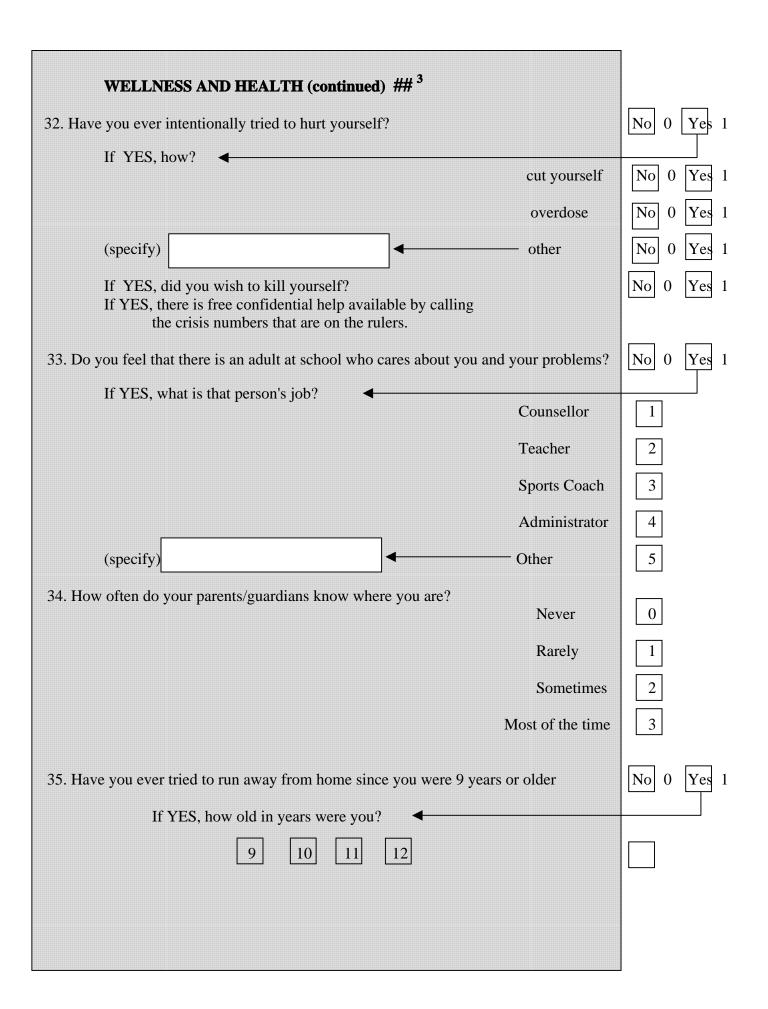
WELLNESS AND HEALTH (continued)				
Tobacco, alcohol, other drugs 10. Have you ever smoked a cigarette?	N	0	Yes	1
If YES, How old, in years , were you the first time y	ou smoked?	$\frac{}{}$]	
11. Do you smoke cigarettes now?	N	0	Yes	1
If YES: ◀ How often do you smoke?		$\overline{1}$		
· —	nany cigarettes a day	+	7	
2. A few times a week: How m	nany cigarettes in a week			
3. A few times a month: About 1	how many cigarettes / month			
4. Once or twice a year: About	how many cigarettes / year			
12. Have you ever smoked with the knowledge of one of you	r parents?	0 0	Yes	1
13. Do you think you will smoke cigarettes in the future?				
No 0 Yes 1 Not Sure 2				
14. Have you ever used snuff?	N	0 [0	Yes	1
15. Have you ever tasted alcohol? (for other than religious pu	rposes)	0 0	Yes	1
If YES, How old, in years, were you the first time yo	ou tasted alcohol?	_		
16. Have you ever drunk an alcoholic drink? {A drink is defi one glass of wine, one tot of liquor, or one mixed drink}	ned as one can/bottle of beer	0 0	Yes	1
If YES, ◀ How old, in years, were you the first time you drank	k alcohol?	$\overline{\mathbb{T}}$		
With whom have you drunk alcohol?	ans	0 0	Yes	1
brothers or sist		$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$	Ves] 1
friends	N N	_ □ ^	V] 1
	N.	J 0	Voc] 1
neighbours		의 V 크 ^	1 68] 1
alone	<u>N</u>	o 0	Yes	1

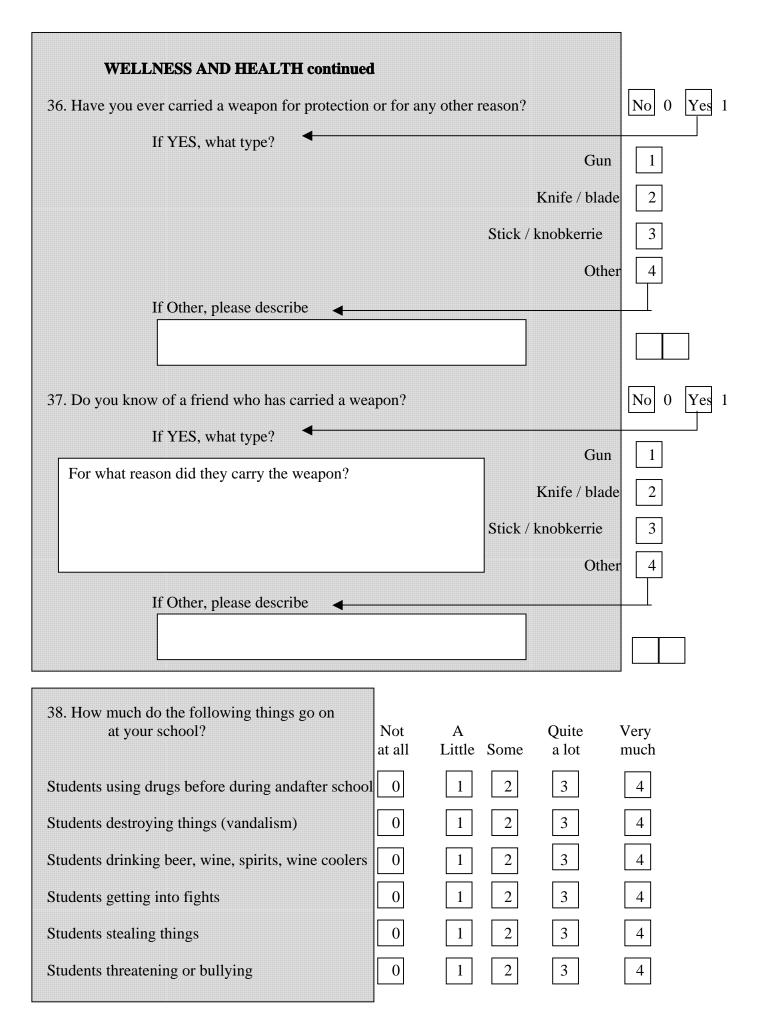
WELLNESS	S AND HEALT	H (continued	i)				
17. Do you drink alcol	nol now?						
No 0	Yes 1	Sometimes	2				
18. Do you know wha	t the following o	lrugs are?	Hav	e you ever ι	used the drug?	Know	Used
Marijuana (weed, dagg	ga, grass) No 0	Yes 1		No 0 Y	es 1		
Cocaine (coke/crack)	No 0	Yes 1		No 0 Y	es 1		
LSD, Mushrooms	No 0	Yes 1		No 0 Y	es 1		
Steroids	No 0	Yes 1		No 0 Y	es 1		
Glue	No 0	Yes 1		No 0 Y	es 1		
Ecstasy	No 0	Yes 1		No 0 Y	es 1		
Mandrax	No 0	Yes 1		No 0 Y	<u>es</u> 1		
Other (non prescriptio	n)			No 0 Y	es 1		
If YE	S, please descri	pe ←					
19. Have you ever use	ed a needle to in	ject yourself v	with a dru	ıg? (not pre	scription / insulir	No 0	Yes 1
Outlook and relations 20. Most of the time, h		you with you	ır life?				
Not at all	A little bit	So-so Quit	te a bit	Extremely			
0	1	2	3	4			
21. How many times in (e.g. headach	n the past month ne, stomach ach				n school?		
Never	Once	Twice	Three	times For	ur or more times		
0	1	2		3	4		

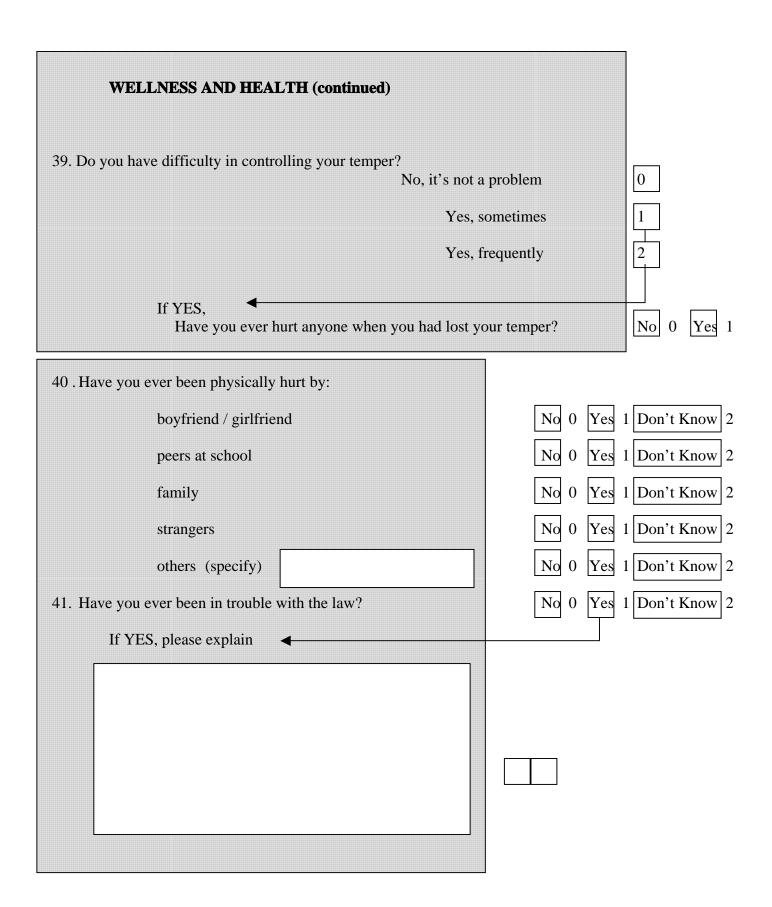
WELLNESS	AND I	HEAL'	TH continued	Į.		
22. What are your plans	for the None	e future	e? (Tick one b	ox)	1	
	Leave high school before matric 2					
	To fin	ish hig	h school		3	
	Get a	job rigl	ht after high so	chool	4	
	Join th	ne milit	ary (for exam	ple, the Army, Navy)	5	
	Go int	to a job	training prog	ram after high school	6	
	Go to	college	e, technikon o	university after high	school 7	
	Becon	ne a ho	memaker (ho	ısewife)	8	
	Other	(please	e describe)			
23. How much pressure	e to do	well at	school or spo	rts do you get from:		
parents	s/guard	ians				
[a lot	3	some 2	hardly any 1	none 0	
teacher	rs.					
	a lot	3	some 2	hardly any 1	none 0	
coach						
[a lot	3	some 2	hardly any 1	none 0	
peers						
	a lot	3	some 2	hardly any 1	none 0	
self						
	a lot	3	some 2	hardly any 1	none 0	

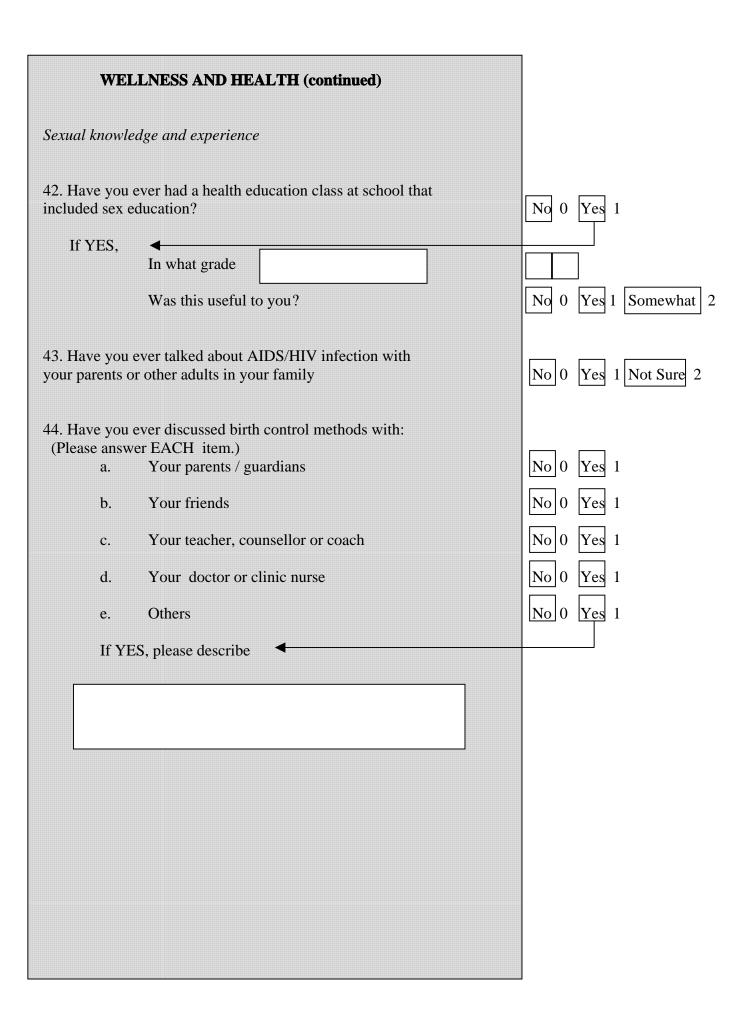
WELLI	NESS AND HEA	ALTH (continu	ed)	
24. How many cl	ose friends do yo	ou have?		
None	One	Two	Three	Four or more
0	1	2	3	4
25. How satisfied	l are you with the	e friends you hav	ve?	
Unsatisfied	Somewha	t satisfied	Very satis	fied
0	1		2	
26. What are the and adults are no		ou do for fun w	hen you are wi	th your friends
	t around?			
27. How often do	you feel you ha	ve a say in decid	ling the import	tant things in your life?
Never	Rarely	Sometimes	. Ve	ery often
0		2		3
Ŭ				
28. How importa	nt is religion in y	our life?		
]	Not at all	Somewhat	Ve	ery
	0		2	,
				<u>- </u>

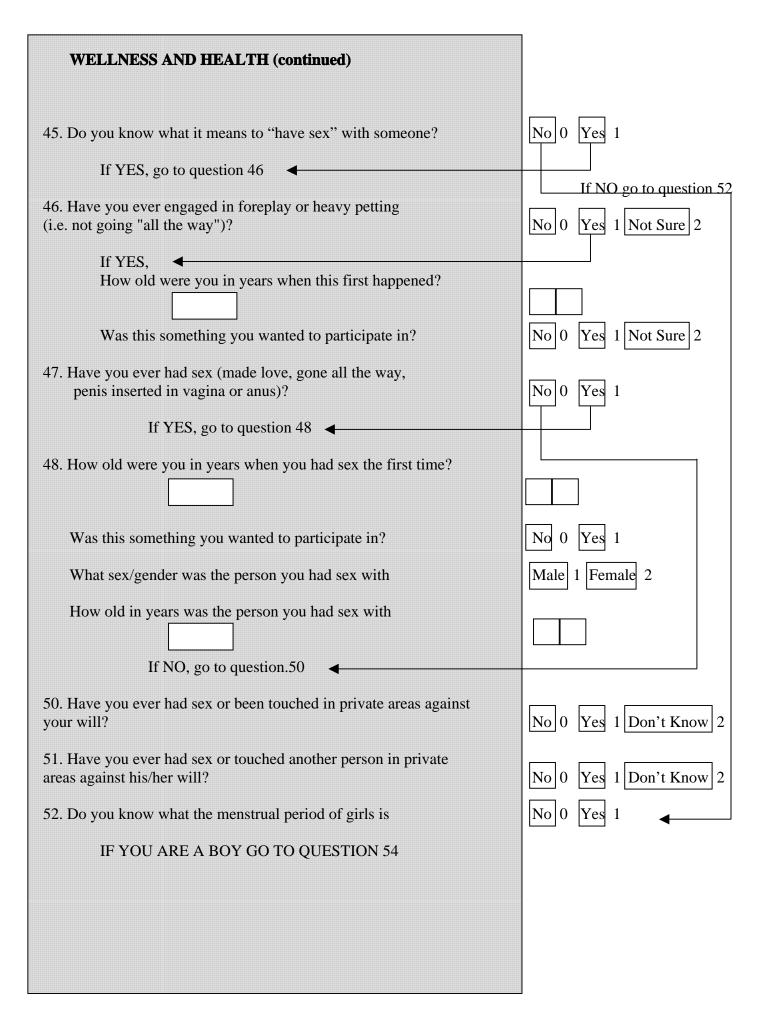
WELLNESS AND HEALTH continued				
29. How often do you attend religious services? Less than once a year				
Once or twice a year				
Not every month, but at least every 2-3 months 2				
Not every week, but at least once a month 3				
. At least once a week 4				
30. How often does your family pray together? Never 0				
Seldom, can remember once or twice that we did 1				
Sometimes, at least once a month 2				
Often at least once a week 3				
31. When you have / have had a serious problem, what do you do? (Please answer EACH of the following items.) - think of different ways to deal with the problem	## ² Never	Once or twic	e Sometime	s Oftei
unink of different ways to dear with the problem	0	1	2	3
- tell yourself things to make yourself feel better	0	1	2	3
- talk with a parent, teacher or friend about the problem?	0	1	2	3
- decide on one way to deal with the problem and do it?	0	1	2	3
- try to forget the whole thing	0	1	2	3
-feel that time would make a difference-only thing to do is wait?	0	1	2	3
- get involved in new activities?	0	1	2	3
-take it out on other people when you felt angry or sad?	0	1	2	3

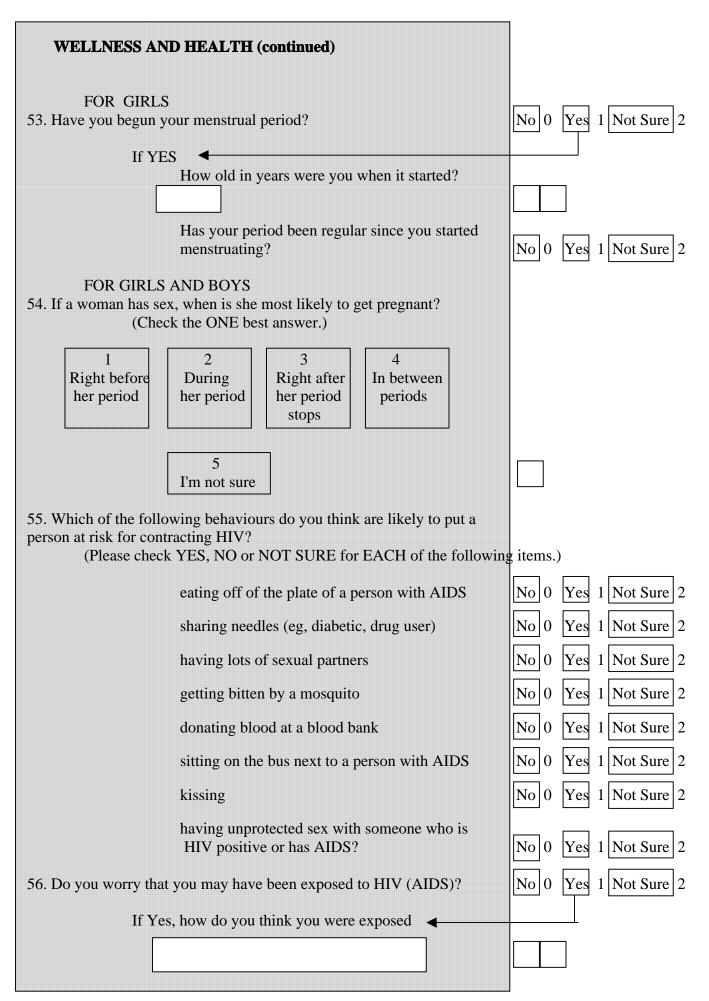












YOUTH SELF-REPORT FOR AGES 11-18 YEARS ## 4				
	Not True	Sometimes True	True	Very True
1. I act too young for my age	0	1	2	3
2. I have an allergy	0	1	2	3
If YES, please describe:				
3. I argue a lot	0	1	2	3
4. I have asthma	0	1	2	3
5. I act like the opposite sex	0	1	2	3
6. I like animals	0	1	2	3
7. I brag (or show off)	0	1	2	3
8. I have trouble concentrating	0	1	2	3
9. I can't get my mind off certain thoughts	0	1	2	3
If YES, please describe:		\neg		
10. I have trouble sitting still	0	1	2	3
11. I'm too dependent on adults	0	1	2	3
12. I feel lonely	0	1	2	3
13. I feel confused or in a fog	0	1	2	3
14. I cry a lot	0	1	2	3
15. I am pretty honest	0	1	2	3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS Continued	Not True	Sometimes True	True	Very True
16. I am mean to others	0	1	2	3
17. I daydream a lot	0	1	2	3
18. I deliberately try to hurt or kill myself	0	1	2	3
19. I try to get a lot of attention	0	1	2	3
20. I destroy my own things	0	1	2	3
21. I destroy things belonging to others	0	1	2	3
22. I disobey my parents	0	1	2	3
23. I disobey at school	0	1	2	3
24. I don't eat as well as I should	0	1	2	3
25. I don't get along with other kids	0	1	2	3
26. I don't feel guilty after doing something I shouldn't	0	1	2	3
27. I am jealous of others	0	1	2	3
28. I am willing to help others when they need help	0	1	2	3
29. I am afraid of certain animals, situations or places other than school	0	1	2	3
If YES, please describe:		\neg		
30. I am afraid of going to school	0	1	2	3
31. I am afraid I might think or do something bad	0	1	2	3
32. I feel I have to be perfect	0	1	2	3
33. I feel that no one loves me	0	1	2	3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS Continued				
	Not True	Sometimes True	True	Very True
34. I feel that others are out to get me	0	1	2	3
35. I feel worthless or inferior	0	1	2	3
36. I accidentally get hurt a lot	0	1	2	3
37. I get in many fights	0	1	2	3
38. I get teased a lot	0	1	2	3
39. I hang around with kids who get into trouble	0	1	2	3
40. I hear sounds of voices that other people think aren't there	0	1	2	3
If YES, please describe:				
41. I act without stopping to think	0	1	2	3
42. I like to be alone	0	1	2	3
43. I lie or cheat	0	1	2	3
44. I bite my fingernails	0	1	2	3
45. I am nervous or tense	0	1	2	3
46. Parts of my body twitch or make nervous movements	0	1	2	3
If YES, please describe:				
47. I have nightmares	0	1	2	3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS Continued				
	Not True	Sometimes True	True	Very True
48. I am not liked by other kids	0	1	2	3
49. I can do certain things better than most kids	0	1	2	3
50. I am too fearful or anxious	0	1	2	3
52. I feel dizzy	0	1	2	3
53. I eat too much	0	1	2	3
54. I am overtired	0	1	2	3
55. I am overweight	0	1	2	3
56. I have physical problems without known medical cause	e: 0		2	3
Aches or pains		1	2	3
Headaches		1	2	3
Nausea, feel sick		1	2	3
Problems with eyes		1	2	3
If TRUE, please describe:				
Rashes or other skin problems	0	1	2	3
Stomach aches or cramps	0	1	2	3
Vomiting, throwing up	0	1	2	3
Other	0	1	2	3
If TRUE, please describe:				

YOUTH SELF-REPORT FOR AGES 11-18 YEARS Continued	Not True	Sometimes True	True	Very True
57. I physically attack people58. I pick my skin or other parts of my body	0	1	2	3
If TRUE, please describe:				
59. I can be pretty friendly	0	1	2	3
60. I like to try new things	0	1	2	3
61. My school work is poor	0	1	2	3
62. I am poorly coordinated or clumsy	0	1	2	3
63. I would rather be with older kids than kids my own age	0	1	2	3
64. I would rather be with younger kids than kids my own age	0	1	2	3
65. I refuse to talk	0	1	2	3
66. I repeat certain actions over and over	0	1	2	3
If TRUE, please describe:				
67. I run away from home	0	1	2	3
68. I scream a lot	0	1	2	3
69. I am secretive or keep things to myself	0	1	2	3
70. I see things that other people think aren't there	0	1	2	3
If TRUE, please describe:				

YOUTH SELF-REPORT FOR AGES 11-18 YEARS Continued	Not True	Sometimes True	True	Very True
 71. I am self-conscious or easily embarrassed 72. I set fires 73. I can work well with my hands 74. I show off or clown 75. I am shy 76. I sleep less than most kids 77. I sleep more than most kids during day and/or night 		1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3
78. I have a good imagination 79. I have a speech problem If TRUE, please describe:		1	2 2	3
80. I stand up for my rights 81. I steal things at home 82. I steal things from places other than home 83. I store up things I don't need (describe) If TRUE, please describe:		1 1 1	2 2 2 2	3 3 3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS Continued	Not S True	Sometimes True	True	Very True
84. I do things other people think are strange If TRUE, please describe:	0	1	2	3
85. I have thoughts that other people think are strange If TRUE, please describe:	0	1	2	3
86. I am stubborn	0	1	2	3
87. My moods or feelings change suddenly 88. I enjoy being with other people	0	1	2	3
89. I am suspicious90. I swear or use dirty language91. I think about killing myself	0 0	1 1	2 2	3 3
92. I like to make others laugh 93. I talk too much	0	1	2 2	3
94. I tease others a lot 95. I have a hot temper	0	1	2	3
96. I think about sex too much 97. I threaten to hurt people	0	1	2	3
98. I like to help others99. I am too concerned about being neat or clean	0	1	2	3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS Continued 100. I have trouble sleeping If TRUE, please describe:	Not True	Sometimes True	True 2	Very True
101. I cut / bunk classes or skip school 102. I don't have much energy 103. I am unhappy, sad or depressed 104. I am louder than other kids 105. I use alcohol or drugs for non-medical purposes If TRUE, please describe:		1 1 1 1	2 2 2 2 2 2	3 3 3 3
 106. I try to be fair to others 107. I enjoy a good joke 108. I like to take life easy 109. I try to help other people when I can 110. I wish I were of the opposite sex 111. I keep from getting involved with others 112. I worry a lot 		1 1 1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3

ROSENBERG SELF-ESTEEM SCALE ## 5	A lot like me		Not very like me	Not at all like me
1. On the whole, I am satisfied with myself	1	2	3	4
2. At times I think I am no good at all	1	2	3	4
3. I feel that I have a number of good qualities	1	2	3	4
4. I am able to do things as well as most other people	1	2	3	4
5. I feel I do not have much to be proud of	1	2	3	4
6. I certainly feel useless at times	1	2	3	4
7. I feel that I am a person of worth, at least on an equal plane with others	1	2	3	4
8. I wish I could have more respect for myself	1	2	3	4
9. All in all, I am inclined to feel that I am a failure	1	2	3	4
10. I take a positive attitude towards myself	1	2	3	4

PERCEPTIONS OF PARENTING ## 6				
My parent/s, step-parent/s, foster parent/s, caregivers	Never	Sometimes	Often	Very Often
1. Smile at me	1	2	3	4
2. Want to know exactly where I am and what I am doing	1	2	3	4
3. Soon forget a rule they've made	1	2	3	4
4. Praise me	1	2	3	4

PERCEPTIONS OF PARENTING (continued) My parent/s, step-parent/s, foster parent/s, caregivers Never Sometimes Often Very Often 2 5. Let me go out any evening I want 1 3 4 6. Do tell me what time to be home when I go out 7. Nag me about little things 3 8. Only keep rules when it suits them 3 9. Make sure I know I am appreciated 10. Threaten punishment more often than they use it 3 11. Speak of the good things I do 2 12. Do find out about my misbehaviour 13. Enforce a rule or do not enforce a rule depending on their mood 14. Hit me or threaten to do so 15. Seem proud of the things I do

AND ADULTS ## '	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

BODY ESTEEM SCALE FOR ADOLESCENTS

5. I like what I see when I look in the mirror

0

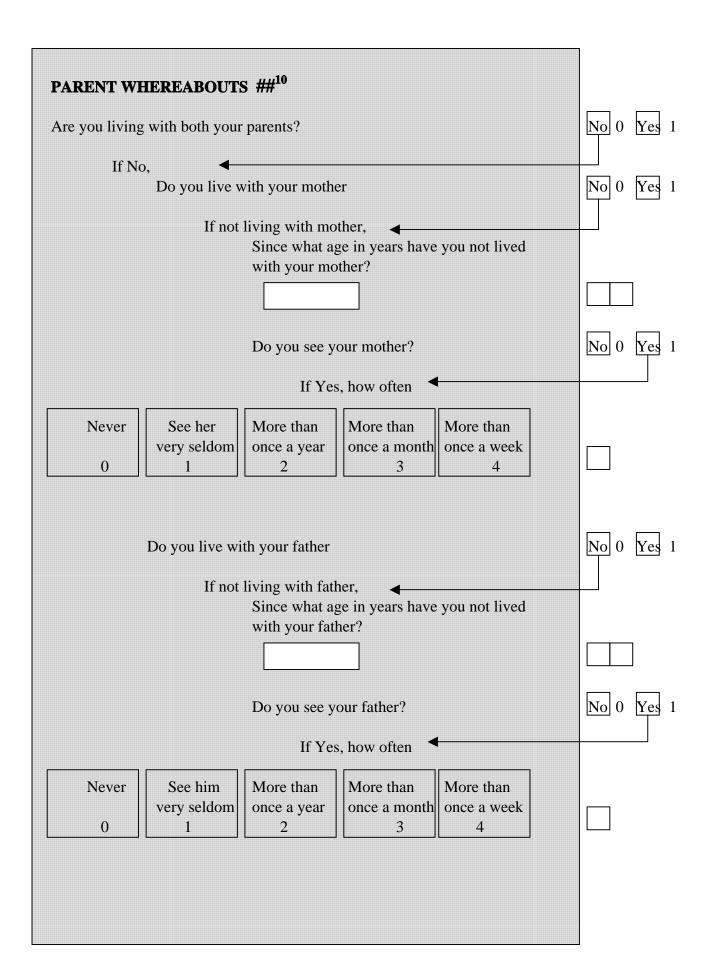
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BODY ESTEEM SCALE FOR ADOLESCENTS AND ADULTS, continued Seldom Sometimes Often Always Never 6. There are lots of things I'd like to change about my looks if I could 7. I am satisfied with my weight 8. I wish I looked better 9. I really like what I weigh 10. I wish I looked like someone else 11. People my own age like my looks 12. My looks upset me 13. I'm as nice looking as most people 14. I'm pretty happy about the way I look 15. I feel I weigh the right amount for my height 16. I feel ashamed of how I look 17. Weighing myself depresses me 18. My weight makes me unhappy 19. I worry about the way I look 20. I think I have a good body

21. I'm looking as nice as I'd like to

SCHWARZER GENERALISED SELF-EFFICACY ## 8				
	Not at all True	-	Sometimes True	Exactly True
I can always manage to solve difficult problems if I try hard enough	1	2	3	4
2. If someone opposes me, I can find the means and ways to get what I want	1	2	3	4
3. It is easy for me to stick to my aims and accomplish my goals	1	2	3	4
4. I am confident that I could deal efficiently with unexpected events	1	2	3	4
5. Thanks to my resourcefulness, I know how to handle unforeseen situations	1	2	3	4
6. I can solve most problems if I invest the necessary effort	1	2	3	4
7. I can remain calm when facing difficulties because I can rely on my coping abilities	1	2	3	4
8. When I am confronted with a problem, I can usually find several solutions	1	2	3	4
9. If I am in trouble, I can usually think of a solution	1	2	3	4
10. I can usually handle whatever comes my way	1	2	3	4

HIV / AIDS ## 9		
1. Do you know anyone who is suffering from HIV/AIDS?	No	0
	Yes	
If YES, is that person		
A family member		1
A friend		2
Someone in the neighbourhood		3
Someone you have heard about / elsewhere		4
2. Do you know anyone who has died of HIV/AIDS?	No	0
	Yes	1
If YES, is that person		
A family member		1
A friend		2
Someone in the neighbourhood		3
Someone you have heard about / elsewhere		4
3. Are you having to take care of or financially support anyone who no	ow has HIV/AIDS	
or because someone else has AIDS or died of AIDS?	No	0
	Yes	1



PROBLEMS AT HOME OR SCHOOL	
Do you have any problems at home or school that you would like to tell me about	?
What do you think of hains in the Digth to Ton / Digth to Twenty study?	
What do you think of being in the Birth to Ten / Birth to Twenty study?	
What would make you want to stay part of the study?	