



**BIRTH TO TWENTY YOUTH MATURITY: 12TH YEAR
CHILD QUESTIONNAIRE**

DATE : Day Month Year

Is there a name by which you would like to be called?

BTT ID NUMBER :

BONE STUDY ID NUMBER :

FUTURE ASPIRATIONS

What is your education plan for the future? (Mark one only)

- Complete primary school Grade 7 (Std 5) 0
- Complete Grade 10 (Std 8) 1
- Complete Matric 2
- Obtain a Training College (Diploma) 3
- Obtain a University/Technikon education 4

Describe the kind of job you **hope** you will do when you are grown up?

	1=Unskilled 2=Skilled 3=Blue collar 4=White collar 5=Professional 6=Own business 7=Married/keeping a house/raising a family
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What is the **most important** thing you hope to accomplish when you are grown up?

(Mark one item only)

Have your own business

Get married

Own a car

Have children

Own your own home

GENDER ROLES

How much do you agree or disagree with the following statements?

	YES!	Yes	Ntral	No	NO!
Marriages are better when the husband works and the wife runs the home and cares for the children					
Both parents need to work to be able to afford the high cost of living					
Men should help women around the house with cleaning, looking after the children etc					
A husband should not change nappies					
A girl will only respect a guy who will tell her what to do					
A young man should be physically tough even if he is not big					
A lot of girls seem to get pleasure out of making boys feel belittled, embarrassed					
Guys will lose respect if they talk to other people about their problems					
It is essential for a guy to get a girl to respect him					
Girls try to take advantage of guys when guys take them out					

LIFE ORIENTATION TEST

Please indicate the extent to which you agree or disagree with the following statements:

	YES!	Yes	Neutral	No	NO!
In uncertain times, I usually expect the best					
It's easy for me to relax					
If something can go wrong for me, it will					
I always look on the bright side of things					
I'm always optimistic about my future					
I enjoy my friends a lot					
It's important for me to keep busy					
I hardly ever expect things to go					

my way					
Things never work out the way I want them to					
I don't get upset too easily					
I'm a believer in the idea that "every cloud has a silver lining"					
I rarely count on good things happening to me					

LIFE EVENTS

Please tick all appropriate events that have happened in the **past 6 months**

Family moved to a new house	
Birth of a brother or sister	
Death of a parent	
Serious illness requiring hospitalization of brother or sister	
Marriage of parent to stepparent	
Divorce of a parent	
Changed schools	
Serious illness or accident requiring hospitalization for you	
Marital separation of parents	
Increase in arguments between parents	
Serious illness or accident requiring hospitalization of parent	
Death of a close friend	
Separation from family for 2 weeks or more	
Death of a brother or sister	
Death of a grandparent	
Brother or sister leaving home	
Loss of job by parent	

CONNECTEDNESS TO COMMUNITY, SCHOOL, PARENTS/CAREGIVERS

How much do you agree with the following statements?

	YES!	Yes	No	NO!
I feel safe in my neighbourhood				
There is crime in my neighbourhood				
If I had to move I would miss the neighbourhood I now live in				
There is drug selling in my neighbourhood				
There are fights in my neighbourhood				
There are opportunities in my school to talk to teachers one-to-one				
There are lots of opportunities in my school to get involved with sport, clubs and other activities during break and after school				
I feel safe at my school				
My teachers praise me when I work hard at school				
My school lets my parents know when I have done something well				

I feel very close to your mother / caregiver?				
I share your thoughts & feelings with your mother / caregiver?				
I enjoy spending time with your mother?				
I would want to be like my mother when I am her age?				
I feel close to my father / another male caregiver?				
I share my thoughts & feelings with my father / another male caregiver?				
I enjoy spending time with my father / another male caregiver?				
I would want to be like my father / another male caregiver when I am his age?				
I can talk over important decisions with my mother or father or other caregiver				
If I had a personal problem, I could ask my mother or father or caregiver for help				
My parents / caregivers encourage me to do my best				
My parents / caregivers are proud of me when I do something well				
People in my family often insult and/or shout at each other				

PARENT / CAREGIVER REGULATION

How much do you agree with the following statements?

	YES!	Yes	No	NO!
The rules in my family are generally clear. I know what is expected of me from day to day				
There are rules in my family about how much TV I can watch				
My parents / caregivers are strict about who they let me hang around with				
My parents / caregivers trust me to behave even when they are not around				
My parents / caregivers want me to let them know if I m going to be home late				
When I am not at home, one of my parents / caregivers knows where I am and who I am with				
My parents / caregivers ask me if I have done my homework				
My parents / caregivers ask to see my school reports				
My parents would think it was very wrong if I smoked cigarettes				
My parents / caregivers would know if I skipped / stayed away from school				
My parents / caregivers would know if I carried a weapon				

HIV/AIDS KNOWLEDGE

Please note that you should not infer that your answer to the question posed by the interviewer is correct purely because of a non response from the interviewer. If you would like to find out more about the statements posed contact Lovelife on 0800121900

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|-----|---|------|-------|
| 1. | Most people who develop AIDS eventually recover | TRUE | FALSE |
| 2. | A baby born to a mother with HIV infection can get AIDS | TRUE | FALSE |
| 3. | AIDS weakens the body's ability to fight off disease | TRUE | FALSE |
| 4. | People have been known to get HIV infection from toilet seats | TRUE | FALSE |
| 5. | People get other diseases because of AIDS | TRUE | FALSE |
| 6. | Using a condom will lessen the chance of getting AIDS | TRUE | FALSE |
| 7. | People of any race can get HIV and develop AIDS | TRUE | FALSE |
| 8. | You can get HIV (which leads to AIDS) from eating from the same plate as an infected person | TRUE | FALSE |
| 9. | You can get HIV (which can lead to AIDS) by getting tested for it | TRUE | FALSE |
| 10. | People have been known to get HIV and develop AIDS from insect bites | TRUE | FALSE |

PHYSICAL ACTIVITY

ACTIVITIES AT SCHOOL

1. Do you attend physical education/games lessons at school?
- | | | |
|-------|------|--|
| Yes=1 | No=0 | |
|-------|------|--|

2. How often are classes held & how long are classes?

Times / week	Hours / time

3. What are the three most frequent activities that you do during these classes?

Activities

4. Do your school teachers encourage you to participate in **physical activity**?

Y or N	
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5. Do your parents encourage you to participate in **physical activity**?

Y or N	
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6. Who encourages you the most to participate in **physical activity**?

INFORMAL ACTIVITIES

Do you engage in any physical activity during school breaks or outside school, for example riding a bike, playing in the street or yard? **NOT** activity as part of a sports team or club. Tick the three most frequent activities that you do, and time spent on each activity.

Activity	Mon-Fri (hrs)	Sat-Sun (hrs)
Riding a bike		
Playing with a ball		
Skipping		
Hop scotch		
Dibeke		
Bhati		
Mgusha		
Skateboarding/ roller-skating		
Other (list)		

SEDENTARY ACTIVITIES

Do you engage in any of the following activities before or after school, and if so, for how many hours?

Activity	Mon-Thur (hrs)	Fri-Sat (hrs)	Sun (hrs)
Watching TV & videos			
Reading, drawing, homework			
Playing a musical instrument			
Playing video/ TV/ computer games			
Internet surfing			

TRANSPORT

How do you get to school and how long does it take to get there and back?

1. By car, bus, taxi, train etc.

Yes=1	No=2			
There:_____minutes				
Back:_____minutes				

2. Walking

Yes=1	No=2			
There:_____minutes				
Back:_____minutes				

When you walk, at what pace (how fast) do you usually walk?

At a pace, that makes me breathe much harder than normal	1	
At a pace that makes me breathe somewhat harder than normal	2	
At a pace where there is no change in my breathing	3	

3. Bicycle

Yes=1	No=2			
There:_____minutes				
Back:_____minutes				

When you cycle, at what pace (how fast) do you usually cycle?

At a pace, that makes me breathe much harder than normal	1	
At a pace that makes me breathe somewhat harder than normal	2	
At a pace where there is no change in my breathing	3	

4. Combination: e.g. walking and taxi, bus and walking

Yes=1	No=2			

There: _____ minutes			
Back: _____ minutes			

5. Other

Yes=1	No=2		
There: _____ minutes			
Back: _____ minutes			

EXTRA MURAL ACTIVITIES AT SCHOOL (LAST 12 MONTHS)

	How many months?	Prac/Wk	Hrs/Prac	Comp/Wk
Athletics (running)				
Athletics (other)				
Cricket				
Swimming				
Tennis				
Hockey				
Netball				
Rugby				
Soccer				
Badminton				
Basketball				
Ballet				
Cycling				
Dancing				
Gymnastics				
Judo / karate				
Squash				
Volleyball				
Other				

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PRIVATE EXTRA MURAL ACTIVITIES (LAST 12 MONTHS)

	How many months?	Prac/Wk	Hrs/Prac	Comp/Wk
Athletics (running)				
Athletics (other)				
Cricket				
Swimming				
Tennis				
Hockey				
Netball				
Rugby				
Soccer				
Badminton				
Basketball				
Ballet				
Cycling				
Dancing				
Gymnastics				
Judo / karate				
Squash				
Volleyball				
Other				

SCHOOL REPORT

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Name of school:

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Present Grade:

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Year of the report:

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CHILD MEASUREMENTS

SECTION A:

- STANDING HEIGHT: (mm)
- SITTING HEIGHT: (mm)
- WEIGHT: (kg)
- HEAD CIRCUMFERENCE: (mm)
- WAIST CIRCUMFERENCE: (mm)
- HIP CIRCUMFERENCE: (mm)

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SECTION B: SKINFOLD MEASUREMENTS – LEFT SIDE (mm)

- TRICEP:
- BICEP:
- SUBSCAPULAR:
- SUPRA-ILIAC:

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SECTION C: COLLECTION OF BLOOD SPECIMEN

- BLOOD
- TIME OF BLOOD TAKING

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Y	N
Y	N

SECTION D: SEXUAL MATURITY

- MALE: Hair
- FEMALE: Hair

1	2	3	4	5
1	2	3	4	5

- Genital
- Breast

1	2	3	4	5
1	2	3	4	5

SECTION E: SECTION C: BLOOD PRESSURE

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

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