



**BIRTH TO TWENTY BARA SITE: 14TH YEAR
ADOLESCENT QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

PHYSICAL ACTIVITY

Activities at school

1. Do you attend physical education/games lessons at school?
(Exercise classes supervised by a teacher during school time)

Yes=1	No=0	<input type="text"/>
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2. How often classes are held & how long are the classes?

Times / week	Hours / time
<input type="text"/>	<input type="text"/>

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

Activities
<input type="text"/>
<input type="text"/>
<input type="text"/>

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

Y	N
Y	N

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

5. Who (parent/caregiver or other) encourages you the most to participate in **physical activities**?

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	Tue	Wed	Thu	Fri	Sat	Sun
Riding a bike								
Playing with a ball								
Skipping								
Hop scotch								
Dibeke (tin game)								
Bhati (tennis ball game)								
Mgusha (panty hose game)								
Skateboarding								
Roller-skating								
Other (specify)								

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 & movies			
Reading, drawing, homework			
Playing a musical instrument IF YES - please detail what musical instrument?			
Playing video/ TV/ computer games			
Internet surfing			
Listening to radio/ music			

What time do you go to bed on a school night?

What time do you go to bed on a non-school night (on a weekend or on holiday)?

What time do you wake up on a school morning?

What time do you wake up on a non-school morning (on a weekend or on holiday)?

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	

NOTES:

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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				
Musical instrument				

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				
Musical instrument				

SCHOOL REPORT	Collected: YES	NO	School type: PRIMARY	HIGH

Name of school:

School address (NB - Suburb)

Present Grade:

Year of the report:

FRIENDS

1. How many close friends do you have who are boys?
2. How many close friends do you have who are girls?
3. Are **most** of these close friends (**Select one only**)
- a. In your grade
 - b. In a higher grade
 - c. In a lower grade
 - d. Not in school
 - e. Don't have any close friends
4. How often do you feel lonely and wish you had more friends? (**Select one only**)
- a. Often
 - b. Sometimes
 - c. Hardly ever

SCHOOL RATING

1. How would you rate your school in general?

Excellent	Good	Ok	Not too good	Poor
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2. How would you rate your own performance at school in general?

Excellent	Good	Ok	Not too good	Poor
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PARENT WHEREABOUTS

1. Are you living with both your parents? No 0 Yes 1
- If No, No 0 Yes 1
Do you live with your mother
- If not living with mother, No 0 Yes 1
Since what age in years have you not lived with your mother?
-

Do you see your mother?
If Yes, how often

No 0 Yes 1

Never 0	See her very seldom 1	More than once a year 2	More than once a month 3	More than once a week 4
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Do you live with your father

No 0 Yes 1

If not living with father,
Since what age in years have you not lived
with your father?

Do you see your father?

No 0 Yes 1

If Yes, how often



Never 0	See him very seldom 1	More than once a year 2	More than once a month 3	More than once a week 4
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BULLYING

We say someone is being bullied when another pupil, or a group of pupils, says or does nasty and unpleasant things to him or her. It is also bullying when a pupil is teased repeatedly in a way he or she doesn't like. Common forms of bullying are name calling, taking things from a person, hurting a person. But it is not bullying when two pupils of about the same strength or status quarrel or fight.

1. How frequently have you been bullied at school in the **past three months**?

Many times a week	
About once a week	
Seldom	
Not at all	

2. How frequently have you bullied other pupils in the **past three months** either on your own, or with other peers ?

Many times a week	
About once a week	
Seldom	
Not at all	

ADOLESCENTS' SATISFACTION WITH THEIR RELATIONSHIP WITH THEIR MOTHER & FATHER OR CAREGIVER

Mother (if child has a relationship with biological mother) I am satisfied with...	Strongly Disagree	Disagree	Neither Nor	Agree	Strongly Agree
The way my mother and I Communicate with each other					
The love and affection my Mother shows me					
The emotional support my Mother gives me					
How many things my mother And I have in common					
The household responsibilities my Mother gives me					
The way my mother disciplines Me					
The amount of time my mother And I spend together					
The way my mother and I Resolve conflicts					
The respect my mother shows Me					
The fun my mother and I have Together					
My relationship with my mother					

Father (if child has a relationship with father. Not necessarily biological) I am satisfied with...	Strongly Disagree	Disagree	Neither Nor	Agree	Strongly Agree
The way my father and I Communicate with each other					
The love and affection my father shows me					
The emotional support my father gives me					
How many things my father And I have in common					
The household responsibilities my father gives me					
The way my father disciplines					

Me					
The amount of time my father And I spend together					
The way my father and I Resolve conflicts					
The respect my father shows Me					
The fun my father and I have Together					
My relationship with my father					

Caregiver (to be completed if Mother section not done) I am satisfied with...	Strongly Disagree	Disagree	Neither Nor	Agree	Strongly Agree
The way my caregiver and I Communicate with each other					
The love and affection my Caregiver shows me					
The emotional support my Caregiver gives me					
How many things my caregiver And I have in common					
The household responsibilities my caregiver gives me					
The way my caregiver disciplines Me					
The amount of time my caregiver And I spend together					
The way my caregiver and I Resolve conflicts					
The respect my caregiver shows Me					
The fun my caregiver and I have Together					
My relationship with my caregiver					

GENDER

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

	Strongly Agree	Agree	Neither Nor	Disagree	Strongly Disagree	Do not know
Educating girls to a high level is of no use						
Girls should be educated so that they can operate on equal terms with boys in the modern world						
A job is alright, but what most woman really want is a home and children						
Being a housewife is just as fulfilling as working for pay						
Having a job is the best way for a woman to be an independent person						
Both the man and woman should contribute to the household income						
A woman's job is to look after the home and family rather than go out to work						
A man who is not bringing money into the household is a loser						

MORAL ISSUES

Answer the following questions	Not wrong at all	Only wrong sometimes	Almost always wrong	Always wrong	Do not know
Do you think it is wrong or not wrong if a man and a woman have sexual relations before marriage?					
Do you think it is wrong or not wrong for two adults of the same gender to have sexual relations?					
Do you think it is wrong or not wrong for a woman to have an abortion?					

NATIONAL IDENTITY

There are various ways in which you could describe yourself to another person: you could describe yourself in terms of your age, your gender (i.e. as a boy or a girl), in terms of being South African, being Zulu/English/Sotho/Afrikaans/Xhosa and being Black/White. But if you could choose only *one* of these five descriptions to describe yourself because it was *the most important to you*, which *one* would you choose? (Please rate the following from 1 to 5; 1 being the most important).

Age	
Gender	
South African	
Zulu/English/Sotho/Afrikaans/Xhosa/Shangaan etc	
Black/White etc	

Which one of these do you think best describes how you feel about yourself as a South African? (**Tick one only**)

Very South African	
Quite South African	
Little bit South African	
Not at all South African	
Don't know	

What in your view is the name of a song or a piece of music that is very, very South African?

What in your view is the name of a sport that is very, very South African?

What in your view is the name of a drink that is very, very South African?

What in your view is the name of a food that is very, very South African?

What in your view is the name of a place or a building that is very, very South African?

What in your view is the name of a person from history that was very, very South African?

What in your view is the name of something that happened in history that was very, very South African?

What in your view is the name of someone who is alive today who is very, very South African?

To what extent do you feel Attached to the following Types of people?	Very attached	Slightly attached	Not very attached	Not at all	Do not know
Those who speak the same language as you?					
Those who belong to the same race group as you?					
Those who belong to the same religious group as you?					
Those who go to the same school as you?					

Which, if any, group would you least want to come and live in South Africa? (Choose one group only)

Africans from other African countries	
Europeans	
Americans	
Indians from India	
Other Asians	
Australians	
Returning South Africans	
Other (specify)	
None (welcome all groups)	

We would like to know about how you see things in South Africa today. Please listen to each statement carefully and show how well it reflects your situation or feelings by marking the relevant column depending on whether you agree or disagree.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My family is having more money troubles now than in the past few years					
I worry that members of my family who are now employed may lose their jobs in the next year					
It is harder to find housing that my family can afford these days					
Pupils of different races get along well in my school					
We have more people of different “races” living in my neighbourhood now than two years ago					
My family and I are likely to leave South Africa because we do not like the way government runs the country					
Things in South Africa will improve under this government					
Other race groups have more advantages than my race group					
I think there is less violence in South Africa now than there was two years ago					
I think there is more crime now than there was two years ago					
South Africans are a free people and have many human rights					
The standard of education in schools is dropping in South Africa					
People are generally happy with life in South African today					

YOUTH SELF-REPORT FOR AGES 11-18 YEARS

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

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

16. I am mean to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. I daydream a lot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. I deliberately try to hurt or kill myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. I try to get a lot of attention	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. I destroy my own things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. I destroy things belonging to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. I disobey my parents	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. I disobey at school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. I don't eat as well as I should	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. I don't get along with other kids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. I don't feel guilty after doing something I shouldn't	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. I am jealous of others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. I am willing to help others when they need help	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. I am afraid of certain animals, situations or places other than school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
If YES, please describe:	<input style="width: 100%; height: 20px;" type="text"/>			
30. I am afraid of going to school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. I am afraid I might think or do something bad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32. I feel I have to be perfect	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. I feel that no one loves me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 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
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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:

0	1	2	3
---	---	---	---

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:

0	1	2	3
---	---	---	---

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:

0 1 2 3

Aches or pains

0 1 2 3

Headaches

0 1 2 3

Nausea, feel sick

0 1 2 3

Problems with eyes

0 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 people

0	1	2	3
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58. I pick my skin or other parts of my body

0	1	2	3
---	---	---	---

If TRUE, please describe:

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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:

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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:

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YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

71. I am self-conscious or easily embarrassed

0 1 2 3

72. I set fires

0 1 2 3

73. I can work well with my hands

0 1 2 3

74. I show off or clown

0 1 2 3

75. I am shy

0 1 2 3

76. I sleep less than most kids

0 1 2 3

77. I sleep more than most kids during day and/or night

0 1 2 3

If TRUE, please describe:

78. I have a good imagination

0 1 2 3

79. I have a speech problem

0 1 2 3

If TRUE, please describe:

80. I stand up for my rights

0 1 2 3

81. I steal things at home

0 1 2 3

82. I steal things from places other than home

0 1 2 3

83. I store up things I don't need (describe)

0 1 2 3

If TRUE, please describe:

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

84. I do things other people think are strange

0 1 2 3

If TRUE, please describe:

85. I have thoughts that other people think are strange

0 1 2 3

If TRUE, please describe:

86. I am stubborn

0 1 2 3

87. My moods or feelings change suddenly

0 1 2 3

88. I enjoy being with other people

0 1 2 3

89. I am suspicious

0 1 2 3

90. I swear or use dirty language

0 1 2 3

91. I think about killing myself

0 1 2 3

92. I like to make others laugh

0 1 2 3

93. I talk too much

0 1 2 3

94. I tease others a lot

0 1 2 3

95. I have a hot temper

0 1 2 3

96. I think about sex too much

0 1 2 3

97. I threaten to hurt people

0 1 2 3

98. I like to help others

0 1 2 3

99. I am too concerned about being neat or clean

0 1 2 3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

100. I have trouble sleeping

0 1 2 3

If TRUE, please describe:

101. I cut / bunk classes or skip school

0 1 2 3

102. I don't have much energy

0 1 2 3

103. I am unhappy, sad or depressed

0 1 2 3

104. I am louder than other kids

0 1 2 3

105. I use alcohol or drugs for non-medical purposes

0 1 2 3

If TRUE, please describe:

106. I try to be fair to others

0 1 2 3

107. I enjoy a good joke

0 1 2 3

108. I like to take life easy

0 1 2 3

109. I try to help other people when I can

0 1 2 3

110. I wish I were of the opposite sex

0 1 2 3

111. I keep from getting involved with others

0 1 2 3

112. I worry a lot

0 1 2 3

Interviewer:

ADOLESCENT MEASUREMENTS

SECTION A:

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

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SECTION B: DXA SCANS COMPLETED

(Whole body, Hip, Spine, Radius)

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SECTION C: COLLECTION OF SPECIMENS

- ULE URINE TEST

<i>Y</i>	<i>N</i>
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SECTION D: PUBERTAL ASSESSMENT

- Pubertal assessment Questionnaire

<i>Y</i>	<i>N</i>
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