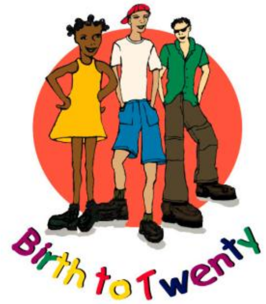

University of the Witwatersrand
Department of Paediatrics and Child Health

BIRTH TO TWENTY BARA SITE: 14TH YEAR
ADOLESCENT QUESTIONNAIRE
SELF-COMPLETION

DATE : Day ☐☐ **Month** ☐☐ **Year** ☐☐☐☐

THIS IS A CONFIDENTIAL QUESTIONNAIRE

Please carefully read through the following sets of questions and answer as truthfully as possible.

If you need any assistance with the understanding of the procedure or questions, please do not hesitate to contact a research assistant.

Your responses will be confidential, and your name will not appear anywhere on the questionnaire.

Once you have completed the questionnaire, please place it in an anonymous envelope and deposit it in the questionnaire box.

SECTION 1

FOR ALL QUESTIONS PLEASE TICK (√) THE APPROPRIATE BOX

Question 1

Have you ever tried or experimented with cigarette smoking even 1 or 2 puffs?

NO	**YES**
If YOU √ "NO": go to Question 2	**If YOU √ "YES": please answer the following question** How old were you when you first tried smoking a cigarette? ☐

Question 2

During the past **month (30 days)** did you smoke cigarettes?

NO	**YES**
If YOU √ "NO": go to Question 3	**If YOU √ "YES": please answer the following questions** 1. How often do you smoke? (Choose only **ONE** option) Every day - how many cigarettes a day? ☐ A few times a week - how many cigarettes in a week? ☐ A few times a month - how many cigarettes a month? ☐ 2. What **BRAND** of cigarettes do you normally smoke? [ ]

3. Where do you usually smoke? (TICK AS MANY THAT APPLIES)

At home	
At school	
At work	
At friends' houses	
At social events (parties)	
In public spaces (eg parks, outside shopping centres)	
Other	

4. Where do you get the money to buy cigarettes? (TICK AS MANY THAT APPLIES)

Use pocket money	
Receive payments for work	
Lift/steal money from people in the house	
Lift/steal cigarettes from people in the house	
Bum cigarettes off friends	
I buy loose cigarettes one at a time	
Remix stompies	
Other	

5. Have you ever tried to quit smoking? NO ☐ YES ☐

Question 3

Do your parents/caregivers smoke? (**TICK only ONE option**)

NONE of my parents/caregivers smoke	
YES father/male Caregiver only	
YES mother/female Caregiver only	
YES both my parents/caregivers smoke	

Question 4

Do you think you will smoke cigarettes when you are grown up? (**TICK only ONE option**)

No	
Yes	
Not sure	

Question 5

If one of your best friends offered you a cigarette, would you smoke it? (**TICK only ONE option**)

Definitely Not	
Probably Not	
Probably Yes	
Definitely Yes	

Question 6

Do any of your closest friends smoke cigarettes? (**TICK only ONE option**)

None of them	
Some of them	
Most of them	
All of them	

Question 7

Has anyone in your family discussed the harmful effects of smoking with you? No Yes

During the past 6 months at school were you taught in any of your classes about the risks of cigarette smoking? No Yes

Question 8

Do you drink alcohol now? No Yes Sometimes

Question 9

Have **YOU** ever used the following drugs? Tick YES **or** NO for each of the following:

	YES	**NO**
Marijuana (weed, dagga, grass)		
Cocaine (coke/crack/rocks)		
LSD, Mushrooms, Acid		
Steroids		
Sniffing substances such as Glue, Meths, Poppers		
Ecstasy		
Mandrax (pinks)		
Diet pills such as Thinz		

SECTION 2

Question 1

Have you ever carried a weapon for protection or for any other reason?

NO	YES
If YOU √ "NO": go to Question 2	**If YOU √ "YES": please answer the following question** 1. What type of weapon? Gun ☐ Knife / blade ☐ Stick / knobkerrie ☐ Other ☐ If **Other** please describe

Question 2

Do you know of a friend who has carried a weapon?

NO	**YES**
If YOU √ "NO": go to Question 3	**If YOU √ "YES": please answer the following question** 1. What type of weapon? Gun ☐ Knife / blade ☐ Stick / knobkerrie ☐ Other ☐ If **Other** please describe [ ] 2. For what reason did they carry a weapon? [ ]

Question 3

Have you ever been physically hurt by -?

	NO	YES
friend		
boyfriend / girlfriend		
peers at school		
family		
strangers		
others (please specify)		

Question 4

Have you ever been in trouble with the law? NO YES

If YOU ANSWERED "YES", please explain how

SECTION 3

Question 1

Have you ever discussed sex / contraceptive methods with the following people:
(Please answer **EACH** item – Tick YES **or** NO, using a √**,** for **the appropriate answer**.)

	Sex		**Contraceptive Methods (condom, pill etc)**	
Your parents / caregivers	NO	YES	NO	YES
Your friends	NO	YES	NO	YES
Your teacher, counsellor or coach	NO	YES	NO	YES
Your doctor or clinic nurse	NO	YES	NO	YES
Others (please specify who)				

Question 2

Have you ever engaged in **foreplay** or **heavy petting** (kissing, fingering, romancing, NOT going "all the way")?

NO	**YES**
If YOU √ "NO": go to Question 3	**If YOU √ "YES": please answer the following questions** 1. How old were you in years when this first happened? [ ] 2. How old was your first partner? [ ] 3. How old was or is your most recent partner? [ ] 4. Was this something you wanted to participate in? **NO** [ ] **YES** [ ]

Question 3

Have you ever engaged in **ORAL** sex (penis inserted into mouth)?

NO	**YES**
If YOU √ "NO": go to Question 4	**If YOU √ "YES": please answer the following questions** 1. How old were you in years when this first happened? [ ] 2. How old was the first person you engaged with? [ ] 3. Was this something you wanted to do? **NO** [ ] **YES** [ ]

Question 4

Have you ever had **SEX** (made love, gone all the way, penis inserted in vagina or anus)?

NO	**YES**
	If YOU √ "YES": please answer the following questions 1. How old were you in years when you had sex? ☐ 2. How old was your first partner? ☐ 3. How old was or is your most recent partner? ☐ 4. Was this something you wanted to participate in? **NO** ☐ **YES** ☐