



**BIRTH TO TWENTY: 15<sup>TH</sup> YEAR  
CAREGIVER'S QUESTIONNAIRE**

DATE : Day   Month   Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

**Consent Table**

Components	Yes	No
Adolescent Questionnaires and Measurements		
Adolescent Urine Test		
Adolescent DXA and pQCT (if applicable)		
Adolescent Blood Taking		
Caregiver Questionnaire and Measurements		
Caregiver Blood Taking		

FEEDBACK OF RESULTS (where applicable)  Y  N

## INFORMED CONSENT

I agree to myself and my child being participants in the Birth to Twenty study.

The goals and methods of Birth to Twenty are clear to me.

I understand that the study will involve interviews, measures of growth, school reports, and testing urine samples, and all the details and purposes of these tests have been explained to me.

I, the undersigned, hereby declare that I understand:

1. That the University of the Witwatersrand, Johannesburg (hereafter referred to as “the University”) has insured itself against the acts and omissions of persons acting on its behalf insofar as it is liable in law therefore and that its registered students and staff are insured during the course and scope of their registered courses and/or within the scope of the University business, where the fault can be attributed to the University or its affiliates.

2. That in cases where no fault can be attributed to the University, I hereby indemnify, absolve and hold harmless the University, its officials, employees, students and invitees in respect of any damage to the property, death or bodily injury to/of myself and/or third parties, whether on/off the University precincts, or whilst engaged in any activity related to the University.

3. And undertake, for any period during which I am on the university precincts or during course and scope of my registered courses and/or within the scope of University business, to be bound by the rules and regulations of the University for the time being in force and by any requirements or conditions imposed by the University on me.

I agree to participation in the study on the condition that:

1. The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.

2. All results will be treated with the strictest confidentiality.

3. Only group results, and not my/my child’s individual results, will be published in scientific journals and in the media.

4. The Bt20 scientific team will do all they can to ensure my comfort and dignity.

5. I or my child can chose to withdraw from the study at any time if the procedures cause my discomfort, and that neither my child nor I will be prejudiced or disadvantaged if I withdraw from the study.

6. As a parent or caregiver, I will receive a referral note to a health service if any result is out of the normal range or a problem with my child is detected in the course of the study.

**I understand that I attend and participate in Birth to Twenty on the (date)\_\_\_\_\_ at my own risk where the event falls outside the cover provided by the University. I acknowledge that I have read and understood the contents of this informed consent and indemnity in every respect**

Parent / Caregiver \_\_\_\_\_ Youth participant \_\_\_\_\_

Research Assistant \_\_\_\_\_

**There are 4 sections to this questionnaire and some measurements that we are going to work through together; it will take about 30 minutes.**

**The FIRST section we are going to talk about your relationship to the BTT child**

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

YES	NO	MOTHER	FATHER
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2. If **NO**

What is your relationship to the child? (*For example: child's mother's sister, paternal grandmother etc.*)

 

3. Who is the primary caregiver of the child? (*Who lives with the child, who looks after the child most days and nights, and makes decisions around the child?*)

**Interviewer's Notes:**

- If the biological mother is not the primary caregiver, where is the mother? (Contact details, whereabouts, and reason for not being the primary caregiver)
  - Mother at work
  - Mother ill
  - Mother lives elsewhere:
    - In the neighbourhood
    - Somewhere else in Gauteng
    - Somewhere other than Gauteng
    - Do not know where she is
  - Other reason:
  
- Mother contact details
  
- Mother deceased
  - If deceased, age of child when mother died

**The SECOND section we are going to discuss your socio-economic situation (BP+CG)**

1. Grants

	<b>Number</b>
For how many children (any child) in the household is a child support grant being received?	
How many people in the household receive an old-age pension?	
How many people in the household receive a disability grant?	
How many people in the household receive the foster care grant?	

2. Who supports the BTT child and how?

	Biological Mother	Biological Father	Current Partner	Grandparent (Not CG)	Caregiver	Anyone else? (Relationship)
Financial support (cash, school fees)						
Buys goods (clothes, food)						
Emotional support: spends time, encourage						

3. Current marital status (tick the appropriate box)

<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Married	<input type="checkbox"/>	Living together

4. Do you have medical aid?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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5. How would you describe the house the **CHILD** is living in?

<input type="checkbox"/>	Shack/Zozo	<input type="checkbox"/>	House	<input type="checkbox"/>	Shared house
<input type="checkbox"/>	Flat/Cottage	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Room/Garage

6. How many rooms are there in the house and in outside structures on the property?

For example: 5 in the house and 4 outside

7. How many rooms are used for sleeping by household members not lodgers?

8.

<b>What are the walls of your house made of?</b>		
- Brick / Concrete	1.	
- Adobe (Clay) / Mud	2.	
- Wood / Branches	3.	
- Galvanised iron	4.	
- Matting	5.	
- Other: Specify _____	6.	
<b>What is the roof of your house made of?</b>		
- Straw / Thatch	1.	
- Earth / Mud	2.	
- Wood / Planks	3.	
- Galvanised iron	4.	
- Concrete	5.	
- Tiles / Slates	6.	
- Other: Specify _____	7.	
<b>What is the floor of your house made of?</b>		
- Earth	1.	
- Wood	2.	
- Stone / Brick	3.	
- Cement / Tile	4.	
- Laminated material	5.	
- Other: Specify	6.	

**Do you have ...?**

<b>Water</b>	<b>Sole use</b>	<b>Shared</b>	<b>No Access</b>
Indoor running hot + cold water	1	2	3
Indoor running cold water only	1	2	3
Outside tap only on property	1	2	3
Water from other sources	1	2	3
If other: Specify			

**Do you have...?**

<b>Toilet</b>	<b>Sole Use</b>	<b>Shared</b>	<b>No Access</b>
Flush toilet inside the home	1	2	3
Flush toilet outside the home	1	2	3
Pit latrine	1	2	3
Bucket System	1	2	3
Other	1	2	3
If other: Specify			

**Do you have...?**

Full-time job	
Part-time job (continuous or intermittent)	
Home maker (housewife)	
Unemployed or looking for work	
Retired	

Have you or the BTT child accessed health and social services **specifically related to the BTT child**, including faith-based activities during the last 6 months?

	<b>Attended</b>		<b>How many times</b>	
	<b>YES</b>	<b>NO</b>	<b>BTT</b>	<b>CG</b>
Doctor, Clinic, Hospital				
Social worker, Counsellor				
Lawyer, Legal Aid				
Therapist (Occupational, Speech, Physio)				
Dietician				
Police				
Priest, Minister, Church				
Traditional healers				

**MEDICATION / SUPPLEMENT USE (CG only)**

Has the BTT child take any **medication** or **supplements** (medicine, herbal tonic, multivitamin, muscle or body building supplement) regularly (more than 3 days a week) in the past 6 months?

	<b>YES</b>	<b>NO</b>	<b>If YES please list</b>
<b>Medicine</b>			
<b>Herbal tonic</b>			
<b>Multivitamin</b>			
<b>Muscle or body building</b>			

supplement			
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**The THIRD section is based on your education and career hopes for the BTT child**

How far do you **hope** your child will go in his/her education?

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

How far do you **think** your child will actually go in his/her education given your circumstances and child's ability?

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

How long **are you able** to pay for your child's education?

- Until s/he has Grade 10(Std 8) 1
- Until s/he has Matric 2
- Until s/he has a Training College (diploma) 3
- Until s/he has a University/Technikon degree 4

What is **your current** level of formal education?

- None 1
- Primary school 2
- Secondary school 3
- Training College (Diploma) 4
- University/Technikon education 5

Describe the kind of job you **hope** your child will have one day?

	1=Unskilled 2=Skilled 3=Blue collar 4=White collar 5=Professional 6=Own business 7=Married/raising a family
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**The LAST section of the questionnaire we are going to talk about your well-being**

How would you describe your dietary intake of the past week?
As usual
More than usual
Less than usual





## DIETARY INTAKE

1. Which of the following do you usually eat most of the time? (Mark only one per column)				<b>MILK / MILK PRODUCTS</b>	
				<b>SPREAD</b>	
<b>CHICKEN/POULTRY</b>		<b>RED MEAT</b>		Butter	Full cream / Maas
With skin		Fatty meat		Hard margarine (brick)	2% or low fat
Without skin		Lean meat		Soft margarine (tub)	Skim
None		None		None	Blends
					None

2. How often do you usually eat the following? (Mark each line)				<b>Never Occasionally</b>	<b>Weekly</b>	<b>Daily</b>	3. How would you describe your alcohol intake?	
Deep fried food e.g. chips							None	
Shallow fried foods e.g. eggs							Less than 1 drink per day	
Crisps e.g. packet of chips							1 – 3 drinks per day	
Processed meats e.g. polony, viennas							4 + drinks per day	

4. How often during the past week did you eat the following? (Mark every item)												
Food item	Never	1-3 times per week	4-6 times per week	1 time a day	2 times a day	3+ times a day						
							Never	1-3 times per week	4-6 times per week	1 time a day	2 times a day	3+ times per day
Red meat (any type)							Spinach (marog)					
Chicken (any type)							Carrots					
Tinned fish							Tomato (raw/cooked)					
Organ meat e.g. liver, offal							Green peas					
Eggs (any type)							Green beans					
Milk /yoghurt / maas to drink / on cereals							Mixed vegetables					
Milk in tea / coffee							Pumpkin/ butternut					
Cheese (except cottage)							Sweet potato					
Legumes eg baked beans, lentils							Potato (any preparation)					
Peanuts and nuts (not spreads)							Citrus fruit e.g. orange					
Brown / whole wheat bread / rolls							Pure orange/guava juice					
Breakfast cereal (instant)							Bananas					
Oats porridge							Mangoes					
Soft margarine (tub)							Apples/pears					
Broccoli, cauliflower, Brussels sprouts						9	Avocado					

## LIFE STYLE

5. On average, how active are you at work/college/university/doing housework (cleaning or maintenance) **(Mark only one)**?

A	Sitting most of the time, little walking or standing	
B	Less sitting, more walking and standing, but no hard physical labour	
C	Very little sitting, mostly walking and/or hard physical labour e.g. scrubbing, washing windows, digging	

6. On average, how active are you when you are **NOT** at work/college/university/doing housework (cleaning or maintenance)? **(Mark only one)** (LEISURE ACTIVITY)

A	Sitting most of the time, little walking or sport	
B	Less sitting, more walking and/or participation in light exercise or sport	
C	Very little sitting, mostly walking and/or active participation in exercising/ sport	

7. Which pattern best describes your usual eating patterns?**(Mark one only)**

3 meals per day (no eating between meals)	
3 meals per day (with eating between meals)	
1 - 2 meals per day (no eating between meals)	
1 - 2 meals per day (with eating between meals)	
Nibble the whole day, no specific meals	

8. On average, how much do you smoke? **(Mark one only)**

Never smoked	
Used to smoke but stopped	
1 – 9 cigarettes a day	
10 – 19 cigarettes a day	
20 or more cigarettes a day	

9. How often do you eat? **(Mark each line)**

	Never	Occa- sionally	Often
When you are bored?			
When you are lonely?			
Just because others eat?			
More than you think you need?			

10. How would you describe your eating habits (what, how, when and why you eat)?

Good to excellent	
Fair	
Poor to very poor	

## AGE (in years)

<25	
25 – 34	
35 - 44	
45 - 64	
≥65	

## GENERAL HEALTH

11. How often did you use the following over the **past 6 months?**(Mark each line)

	Never	Occa- sionally	Often
Laxatives			
Antibiotics			
Pain killers			
Vitamins and minerals			

12. How often do you experience the following complaints?(Mark each line)

	Never	Occa- sionally	Often
Easily tired			
Difficult in concentrating			
Nervous/ anxious, irritable			
Painful muscles/cramps			
Constipation			
Colds/flu			
Headaches			

13. Indicate whether you and your biological parents have/had the following: (Mark every line)

	No-one	Self	Mother	Father
Weight problem/ obesity				
High blood pressure				
Heart problems				
Diabetes (sugar)				
Depression				

14. How many days have you been off “sick in bed” during the past 6 months? (Mark **only one**)

Never	
1 – 2 days	
3 – 4 days	
5 or more days	

15. How would you describe your body shape? (Mark **only one**)

<b>Pear shape</b> (carry fat around my hips)	
<b>Apple shape</b> (carry fat around my middle)	
<b>Cylinder shape</b> (middle & hips are the same size)	

16. Which state best describes your weight status over the past 2 years: (Mark **one only**)

My weight has steadily increased	
I have lost & regained about 3kg (or more) once	
I have lost & regained about 3kg more than twice	
Not one of the above statements	

Research Assistant name:

**CAREGIVER'S MEASUREMENTS**

**ANTHROPOMETRY**

- STANDING HEIGHT: (mm)
- WEIGHT: (kg)

			•	

**Research Assistant name:**

**Date:**

**BLOOD PRESSURE**

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

		h											

**Research Assistant name:**

**Date:**

**COLLECTION OF SPECIMENS**

- ROUTINE BLOOD SAMPLE

Y	N
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**Nursing Sister name:**

**Date:**

**NOTES**

**BLOOD PRESSURE MEDICATION:**

Y	N
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**CAREGIVER DXA SCAN**

Y	N
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**Quality checked by :**

**Date:**

<b>REFERRAL LOG SHEET</b>
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<b>BTT / Bone study ID</b>	
<b>Surname</b>	
<b>Name</b>	
<b>Contact number</b>	
<b>Date</b>	
<b>Referral case</b>	
<b>Research assistant</b>	

**Office use**

<b>Recommendation</b>	
<b>Follow-up</b>	Date: Comments: