



**BIRTH TO TWENTY MOBILE TEAM: 15TH YEAR
ADOLESCENT QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

There are 2 sections to this questionnaire and 4 additional components that we are going to work through together; it will take about 30 minutes

**The FIRST section of the questionnaire is about EXERCISE
Let us talk about your activities at school**

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

| | | |
|-------|------|----------------------|
| Yes=1 | No=0 | <input type="text"/> |
|-------|------|----------------------|

2. How often are classes 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 |
|---|---|

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

| | |
|---|---|
| Y | N |
|---|---|

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

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 (ball game) | | | | | | | |
| Bhati (tin 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 | Tue | Wed | Thu | Fri | Sat | Sun |
|---|-----|-----|-----|-----|-----|-----|-----|
| Watching TV & videos & movies | | | | | | | |
| Reading, drawing, homework | | | | | | | |
| Playing a musical instrument - 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 | |

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 | | | | |
| | | | | |

The SECOND section of this questionnaire is about your HOUSEHOLD CHORES and CASUAL WORK

What jobs do you do or instructed to do about the house to help with housework?

| | YES or NO | How much time do you spend on this chore on average? | How many days a week do you normally do this chore? |
|---|------------------|---|--|
| Cooking (e.g. cooking food) | | | |
| Indoor cleaning (e.g. cleaning the house, vacuuming, dusting) | | | |
| Outdoor cleaning (e.g. gardening) | | | |
| Taking out the rubbish | | | |
| Washing clothes | | | |
| Washing dishes | | | |
| Looking after siblings (e.g. walking to or from school) | | | |
| Looking after pets (e.g. feeding, bathing) | | | |
| Looking after adult who is old, sick (washing, feeding) | | | |
| Other (provide details) | | | |

1. Not counting jobs around the house, do you sometimes work for **pay** (money) such as deliveries, gardening, cleaning, and looking after children?

| | |
|---------------|--|
| Y or N | |
|---------------|--|

2. If **YES**, please complete the table

| What do you do? | Where do you work? | What are your duties |
|------------------------|---------------------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |

3. When you do these kinds of jobs, how often do you usually work?

- a. About once a month
- b. A few times a month
- c. About once a week
- d. A few times a week
- e. 4 or more times a week
- f. Everyday

4. When you do these kinds of jobs, how many **hours** would you say you usually work per **week**?

5. Do you do any of these jobs before going to school?

| | |
|---------------|--|
| Y or N | |
|---------------|--|

a. If YES, which ones?

6. On average, how much do you earn per week doing these things?

| |
|----------|
| R |
|----------|

The FIRST additional component to this questionnaire is a urine test to check for any health problems.

| If NOT performed, why? | | |
|------------------------|--------|-------|
| Urine Test | Result | Notes |
| pH level | | |
| Leucocytes | | |
| Nitrite | | |
| Protein | | |
| Glucose | | |
| Ketone | | |
| Urobilinogen | | |
| Bilirubin | | |
| Blood | | |

Urine results referral note to family:

| | |
|----------|----------|
| <i>Y</i> | <i>N</i> |
|----------|----------|

Leucocytes / Nitrite notification to family:

| | |
|----------|----------|
| <i>Y</i> | <i>N</i> |
|----------|----------|

EATING HABITS AND PRACTICES OF ADOLESCENTS

SECTION A: Breakfast habits

Think about a **usual school week and weekend** and try to answer the following questions about your eating habits as truthfully as possible. There are no right or/wrong answers so please feel free to give your answer.

1. On how many weekdays do you usually eat breakfast? **Mark one only**

| | | |
|-------------------|---|--------------------------|
| Never | 1 | |
| 1-2 days | 2 | |
| 3-4 days | 3 | |
| Every weekday (5) | 4 | <input type="checkbox"/> |

2. How often do you usually eat breakfast on a weekend? **Mark one only**

| | | |
|-----------------------|---|--------------------------|
| Never | 1 | |
| Saturdays only | 2 | |
| Sundays only | 3 | |
| Saturdays and Sundays | 4 | <input type="checkbox"/> |

- 3.1 What best describes the way you usually eat during the week? **Mark one only**

| | | |
|-----------------------|---|--------------------------|
| 3 or more meals a day | 1 | |
| 2 meals a day | 2 | |
| 1 meal a day | 3 | <input type="checkbox"/> |

- 3.2 What best describes the way you usually eat over a weekend? **Mark one only**

| | | |
|-----------------------|---|--------------------------|
| 3 or more meals a day | 1 | |
| 2 meals a day | 2 | |
| 1 meal a day | 3 | <input type="checkbox"/> |

4. How many times do you eat snacks in a day? **Mark one only**

| | | |
|-----------------------|---|--------------------------|
| Just once a day | 1 | |
| Twice a day | 2 | |
| 3 or more times a day | 3 | |
| Never | 4 | <input type="checkbox"/> |

SECTION B: Fastfoods

1. How often during the **past week** (past 7 days) did you eat any of the following takeaways?
Tick each item

| | 0 x last week | 1x last week | 2x last week | 3x last week | 4x last week | 5+ last week |
|-------------------------------------|---------------|--------------|--------------|--------------|--------------|--------------|
| Hamburger | | | | | | |
| Chicken Burger | | | | | | |
| Fried fish | | | | | | |
| Fried chips | | | | | | |
| Pizza | | | | | | |
| Vetkoek | | | | | | |
| Pies or sausage roll | | | | | | |
| Samosas | | | | | | |
| Pita bread | | | | | | |
| Hotdog | | | | | | |
| Boerewors roll | | | | | | |
| Doughnuts | | | | | | |
| Sweets | | | | | | |
| Cake | | | | | | |
| Chocolates | | | | | | |
| Chips e.g. nik naks | | | | | | |
| Ice cream | | | | | | |
| Soft drinks e.g. Coke | | | | | | |
| Squash e.g. <i>Drink-o-pop/Oros</i> | | | | | | |
| Diet drinks | | | | | | |
| Other: | | | | | | |

2. How often do you usually eat at a friend's house? (In a week) Tick where applicable.

| | | | | | |
|-----------------|----------------|----------------|----------------|----------------|---------------------|
| 0 x per week | 1x per week | 2x per week | 3x per week | 4x per week | 5+ x per week |
| | | | | | |

SECTION C: School lunch box

Think about a typical school week and answer the following questions about your lunch box that you take to school.

1. How often do you generally take a lunch box to school? **Mark one only**

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 x per week | 1 x per week | 2 x per week | 3 x per week | 4 x per week | 5 per week |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Do you share or exchange what you have in your lunch box with friends?

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

3. Which foods do you often have in your lunch box? **Tick each item**

| | 0 x per week | Less than 2x per week | More than 2x per week |
|----------------------|-----------------|--------------------------|--------------------------|
| White bread or rolls | | | |
| Brown bread or rolls | | | |
| Fruit | | | |
| Chips | | | |
| Pap | | | |
| Meat or chicken | | | |
| Pie / sausage roll | | | |
| Cold drink | | | |
| Diet cold drinks | | | |
| Fruit juice | | | |
| Milk or sour milk | | | |
| Yoghurt | | | |
| Cheese | | | |
| Sweets or chocolates | | | |
| Biscuits or cookies | | | |
| Peanuts | | | |
| Other: | | | |

4. Who prepares your school lunch box (yourself, mother, father etc)

5. Do you get money to spend on food / snacks at school? **Mark one only**

| | | |
|-----|----|-----------|
| Yes | No | Sometimes |
| 1 | 2 | 3 |

6. How much money do you usually get to spend at school per week on food?
Mark one only

| | |
|---------------|---|
| R1 – R5 | 1 |
| R6 – R10 | 2 |
| R11 - R15 | 3 |
| More than R15 | 4 |

7. Which of the following foods did you buy at school (tuck shop)? **Tick each item**

| | Did not buy | Bought 1 time | Bought 2 times | Bought 3 times | Bought 4 times | Bought 5 times or more |
|--------------------------|-------------|---------------|----------------|----------------|----------------|------------------------|
| White bread or rolls | | | | | | |
| Brown bread or rolls | | | | | | |
| Fresh fruit | | | | | | |
| Chips | | | | | | |
| Pap and Meat or chicken | | | | | | |
| Fried chips | | | | | | |
| Pie/sausage roll/samoosa | | | | | | |
| Vetkoek | | | | | | |
| Cold drink | | | | | | |
| Diet cold drinks | | | | | | |
| Fruit juice | | | | | | |
| Milk or sour milk | | | | | | |
| Yoghurt | | | | | | |
| Cheese | | | | | | |
| Sweets or chocolates | | | | | | |
| Cakes/ donuts/ éclairs | | | | | | |
| Popcorn | | | | | | |
| Peanuts/nuts | | | | | | |
| Other: | | | | | | |

1. How often do you snack when you are watching TV? **Mark one only**
- Every day 1
More than three days a week 2
Less than 3 days a week 3
Never 4

2. Which snacks did you eat while watching TV last week (past seven days)? And how often?
Tick each item

| | Didn't eat | 1 time | 2 times | 3 times | 4 times | 5 or more times |
|------------------------|------------|--------|---------|---------|---------|-----------------|
| Fruit | | | | | | |
| Popcorn | | | | | | |
| Chocolates | | | | | | |
| Bread (any type) | | | | | | |
| Crisps e.g. nik-naks | | | | | | |
| Biscuits | | | | | | |
| Cakes/ donuts/ éclairs | | | | | | |
| Drinks e.g. Coke | | | | | | |
| Fries | | | | | | |
| Other: | | | | | | |

4. Do TV adverts on foods influence you to buy those food items? **Mark one only**
- Never 1
Hardly ever 2
Often 3
Very often 4

5. Which food and drinks that you see advertised on TV do you buy?

- 1.)
2.)
3.)

6. Where do you usually eat your main meal of the day? **Mark one only**
- Kitchen at a table/counter 1
Dining room at a table 2
In front of the TV off your lap 3
Other 4

7. How many times do you eat dinner/supper with your family/parents/caregivers?

- Never 1
- Some Days 2
- Most Days 3
- Every Day 4

8. How much does your mother/caregiver/father control what you eat?

| | | | | | | | |
|----|------------|----|-----------|----|--------|----|------------|
| 1. | Not at all | 2. | Sometimes | 3. | Mostly | 4. | Completely |
|----|------------|----|-----------|----|--------|----|------------|

SECTION D: Acculturation

1. What is your favourite “soap opera” on television and why?

2. How many times a week do you watch it?

| | |
|--|---------------|
| | time/s a week |
|--|---------------|

The SECOND additional component is obtaining the GPS COORDINATES of your house

Perform GPS scan for coordinates

| |
|--|
| |
|--|

Verify that the coordinates are entered correctly

| | |
|----------|----------|
| <i>Y</i> | <i>N</i> |
|----------|----------|

The THIRD additional component is taking a PHOTOGRAPH of you

Take a photograph of the adolescent in front of his/her house.

| | |
|----------|----------|
| <i>Y</i> | <i>N</i> |
|----------|----------|

The LAST component is the SELF COMPLETION QUESTIONNAIRE

Has the adolescent completed the self completion questionnaire?

| | |
|----------|----------|
| <i>Y</i> | <i>N</i> |
|----------|----------|

| NOTES |
|-------|
| |

Research Assistant name:

| |
|--|
| |
|--|

Date:

| |
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| |
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Quality checked by:

| |
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Date:

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