BTT ID | | | | | | | |

University of the Witwatersrand
Department of Paediatrics and Child Health

BIRTH TO TWENTY SITE: 18TH YEAR
ADOLESCENT QUESTIONNAIRE
SELF-COMPLETION

TODAY'S 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 the unmarked 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 TICK (√) "NO": go to page 5	**If YOU TICK (√) "YES": please answer the following question** How old were you when you first tried a cigarette? ☐ years

Question 2

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

NO ☐	**YES** ☐
If YOU TICK (√)"NO": go to page 5	**If YOU TICK (√)"YES": please answer the following questions** 1. How often do you smoke? (Choose only **ONE** option) Every day YES NO how many cigarettes a day? ☐ A few times a week YES NO how many cigarettes a week? ☐ A few times a month YES NO how many cigarettes a month? ☐

2. Where do you usually smoke? (TICK AS MANY AS APPLY)

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

3. Where do you get the money to buy cigarettes? (TICK AS MANY AS APPLY)

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, please specify	

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

Question 3

Do you ever have or feel like having a cigarette first thing in the morning?

No, I never have or feel like having a cigarette first thing in the morning	
Yes, I sometimes have or feel like having a cigarette first thing in the morning	
Yes, I always have or feel like having a cigarette first thing in the morning	

Question 4

Have you ever tried to stop smoking and found that you could not?

I have successfully stopped smoking	
Yes	
No	

Question 5

How many times if any have you tried to quit smoking?

0 times	
1 to 3 times	
4 or more times	

Question 6

Do you think you would be able to stop smoking if you wanted to?

I have already stopped smoking cigarettes	
Yes	
No	

Question 7

Do any of your main caregivers smoke?

father/male Caregiver	YES	NO
mother/female Caregiver	YES	NO

Question 8

If one of your best friends offered you a cigarette, would you smoke it?

Definitely Not	
Probably Not	
Probably Yes	
Definitely Yes	

Question 9

Does your best friend smoke?

YES	NO

Question 10

Do any of your closest friends smoke cigarettes?

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

Question 11

Has anyone in your family discussed the risks of smoking with you?

YES	NO

Question 12

During the past 6 months at school were you taught in any of your classes about the risks of cigarette smoking?

YES	NO

Question 15

Have you ever drunk alcohol for any reason other than religious purposes?

YES	NO

Question 16

How old where you when you had alcohol for the first time?

I have never had alcohol	
Less than 12 years old	
12 years old	
13 years old	
14 years old	
15 years old	
16 years old	
17 years old or older	

Question 17

In the last **month (30 days)** have you had alcohol?

YES	NO

Question 18

In the last **month (30 days)** on average how many drinks did you have at one time?

Question 19

On how many days did you drink alcohol in the past 30 days?

1 or 2 days	
3 to 5 days	
6 to 9 days	
10 to 19 days	
20 to 29 days	
All 30 days	

Question 20

In the last **month (30 days)** have you had a drinking binge (5 or more drinks in one sitting/occasion?)

YES	NO

Question 21

During the past 30 days, on how many days did you binge drink (i.e. have 5 or more drinks of alcohol on one or more occasions, within a couple of hours)?

0 days	
1 day	
2 days	
3 to 5 days	
6 to 9 days	
10 to 19 days	
20 or more days	

Question 22

During the past 30 days, how did you usually get the alcohol you drank?

I did not drink alcohol during the past 30 days	
I bought it in a store such as a liquor store, supermarket	
I bought it at a restaurant, bar or club	
I bought it at a public event such as a concert or sporting event	
I gave someone else money to buy it for me	
Someone gave it to me	
I took it from a store or family member	
I got it some other way	

Question 23

For the following questions, please indicate how much you agree or disagree with the statements below

Most of my friends think its OK to drink alcohol?

1. Agree a lot
2. Agree a little
3. Don't agree or disagree
4. Disagree a little
5. Disagree a lot

Question 24

Most of my friends drink alcohol?

1. Agree a lot
2. Agree a little
3. Don't agree or disagree
4. Disagree a little
5. Disagree a lot

Question 25

I feel pressure from my friends to use alcohol?

1. Agree a lot
2. Agree a little
3. Don't agree or disagree
4. Disagree a little
5. Disagree a lot

Question 26

My best friend drinks alcohol?

YES	NO

Question 27

Have you ever drunk alcohol with your best friend?

YES	NO

Question 28

Do your parents/caregivers drink alcohol?

Both my parents/caregivers do not drink alcohol	
Both my parents/caregivers do drink alcohol	
Only my father/male caregiver drinks alcohol	
Only mu mother/female caregiver drinks alcohol	
I don't know	

Question 29

During the last 30 days, on how many days did you have at least one drink of alcohol ON SCHOOL PROPERTY?

0 days	
1 or 2 days	
3 to 5 days	
6 to 9 days	
10 to 19 days	
20 to 29 days	
All 30 days	

Question 30

Thinking about the last time you had alcohol on SCHOOL PROPERTY, who were you with?

I did not have alcohol on school property	
I was with friends	
I was with other, whom I did not know	
I was alone	

Question 31

How sure are you that you could say “no” if you were given alcohol in these situations? (tick one)

	Definitely say no	Probably say no	Maybe	Probably say yes	Definitely say yes
If I were given alcohol at a friend’s house					
If I were given alcohol by an older brother/sister					
If I were given alcohol by other older person					
If I were given alcohol at a bash					
If I were given by a Boyfriend/girlfriend					

Question 32

How often do you usually drink alcohol?

Every day of the week	
2-3 times a week	
Once a week	
Less than once a week	
I have never used alcohol	

Question 33

Do you usually drink alcohol on weekdays or weekends?

I have never had alcohol	
Weekdays	
Weekends	
Weekdays and weekend	

Question 34

How much alcohol do you drink on average during the week?

No drinking during the week	
1-2 drinks per day	
3-4 drinks per day	
5 or more drinks per day	
Communal drinking/sharing bottle	

Question 35

How much alcohol do you drink on average during the weekend?

No drinks during weekend	
1-2 drinks per day	
3-4 drinks per day	
5 or more drinks per day	
Communal drinking/sharing bottle	

Question 36

During the past year, how often have you found that you where not able to stop drinking once you had started?

Never	
Less than monthly	
Monthly	
Weekly	
Daily or almost daily	

Question 37

During the past year, how often have you failed to do what you would normally expect to do because of drinking?

Never	
Less than monthly	
Monthly	
Weekly	
Daily or almost daily	

Question 38

During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

Never	
Less than monthly	
Monthly	
Weekly	
Daily or almost daily	

Question 39

During the past year, how often have you had a feeling of guilt or remorse after drinking?

Never	
Less than monthly	
Monthly	
Weekly	
Daily or almost daily	

Question 40

During the past year, have you been unable to remember what happened the night before because you had been drinking?

Never	
Less than monthly	
Monthly	
Weekly	
Daily or almost daily	

Question 41

Have you or someone else been injured as a result of your drinking?

No	
Yes, but not in the last year	
Yes, during the past year	

Question 42

Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

No	
Yes, but not in the last year	
Yes, during the past year	

Question

Have you ever had treatment for alcohol abuse?

YES	NO

Question 43

How likely are you to start drinking alcohol in the next 12 months?

Very likely	
Somewhat likely	
Not likely or unlikely	
Somewhat unlikely	
Very unlikely	

Questions 44

How likely is it that you will be drinking alcohol in 5 years from now?

Very likely	
Somewhat likely	
Not likely or unlikely	
Somewhat unlikely	
Very unlikely	

Question 45

Have you ever used drugs before?

YES	NO

Question 46

Have **YOU** ever used the following drugs in the last month (**30 days**)?

Cannabis (dagga, marijuana, weed, grass, greens)	**NO**	**YES**
Mandrax (buttons)	**NO**	**YES**
Cocaine (crack/rocks)	**NO**	**YES**
LSD (Acid)	**NO**	**YES**
Solvents (Sniffing Glue, Petrol, Thinners)	**NO**	**YES**
Ecstasy (E)	**NO**	**YES**
Tik (Meth, Speed, ice, crystal)	**NO**	**YES**
Heroin (pinch, sugars, nyaope, unga)	**NO**	**YES**
Prescription medication (pain pills, anti-depressants, Stilpane) to get "high"	**NO**	**YES**
Over the counter (cough syrup) to get "high"	**NO**	**YES**
Other	**NO**	**YES**

Question 47

How many times have you used Marijuana (Cannabis, dagga) during your life?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 48

On how many days did you use Marijuana (Cannabis, dagga) in the past 30 days?

0 days	
1 day	
2 days	
3 to 5 days	
6 to 9 days	
10 to 19 days	

20 or more	

Question 49

How old where you when you used Marijuana (Cannabis, dagga) for the first time?

I have never used marijuana (cannabis, dagga)	
Less than 12 years old	
12 years old	
13 years old	
14 years old	
15 years old	
16 years old	
17 years old or older	

Question 50

During your life how many times have you used Cocaine?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	

40 to 99 times	
100 or more times	

Question 51

During your life how many times have you used LSD (Acid)?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 52

During your life how many times have you sniffed glue, petrol or thinners?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 53

During your life how many times have you used Ecstasy (E)?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 54

During your life how many times have you used Tik (Meth, Speed, ice crystal)?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 55

During your life how many times have you used Mandrax (Pinks, Buttons)?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 56

During your life how many times have you used Heroin (pinch, sugars, nyaope, unga)?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 57

During your life how many times have you used prescription medication to get “high”?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 58

During your life how many times have you used over the counter drugs to get “high”?

0 times	
1 or 2 times	
3 to 9 times	
10 to 19 times	
20 to 30 times	
40 to 99 times	
100 or more times	

Question 59

Have you ever had treatment for substance abuse?

YES	NO

SECTION 2

Question 1

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

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

Question 2

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

NO ☐	**YES** ☐
If YOU TICK (√) "NO": go to Question 3	**If YOU TICK (√)"YES": please answer the following question** 1. What type of weapon? Gun ☐ Knife / blade ☐ Stick / knobkerrie ☐ Other ☐

Question 3

Have you ever been physically hurt by -

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

Question 4

Have you ever been in trouble with the law?

YES	NO

Question 5

If yes have you spent any time in prison?

YES	NO

SECTION 3

Question 1

Have you ever discussed sex and/or contraceptive methods with the following people in the **last month (30 days):** (Please answer **EACH** item – use a tick √ 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)	NO YES Who_____	NO YES Who_____

Question 2

Have you ever engaged in **foreplay** or **heavy petting** (kissing, fingering, romancing, NOT going "all the way") in the past **month (30 days)**?

NO ☐	**YES** ☐
If YOU TICK (√)"NO": go to Question 5	**If YOU TICK (√) "YES": please answer the following questions** 1. How old was most recent partner you engaged with? ☐ years 2. Was this something you wanted to do at the time? **NO** **YES** 3. Do you regret it now? **NO** **YES** 4. Was your partner the same gender? **NO** **YES**

Question 4

Have you engaged in **ORAL** sex in the **last month** (penis inserted into mouth,, open mouth kissing of the vagina)?

NO	**YES**

If YOU TICK (√)"NO": go to Question 5	If YOU TICK (√) "YES": please answer the following questions
	1. How old is most recent person you engaged with? ☐ Years
	2. Was this something you wanted to do at the time? **NO** **YES**
	3. Do you regret it now? **NO** **YES**
	4. Did you make use of a male condom / rubber / female condom? **NO** **YES**
	5. Did your partner make use of a male condom / rubber / female condom? **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 TICK (√) "NO": go to Question 6	If YOU TICK (√) "YES": please answer the following questions
	1. How old were you in years when you had sex? ____ years 2. How old was your first partner? ____ years 3. Was this something you wanted to do? **NO** **YES** 4. Did you make use of a male condom / rubber / female condom? **NO** **YES** 5. Did your partner make use of a male condom / rubber / female condom? **NO** **YES** .

Question 5

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

NO	**YES**

If YOU TICK (√) "NO": go to Question 7	If YOU TICK (√) "YES": please answer the following questions
	1. How old was your partner? ☐ years
	2. Was this something you wanted to do? **NO** / **YES**
	3. Did you make use of a male condom / rubber / female condom? **NO** / **YES**
	4. Did your partner make use of a male condom / rubber / female condom? **NO** / **YES**

Question 6

Thinking about the last time you had sex:

	YES	NO
Did you have alcohol to drink		

Did your partner have alcohol to drink		
Did you smoke dagga		
Did your partner smoke dagga		
Did your partner use a condom		

Question 7

How would you describe the relationship with the person you had sex with?

I have not had sexual intercourse	
Casual partner	
Fiancé	
Boyfriend or girlfriend	
Husband or wife	
Friend	

Question 8

How many people did you have sex with in the past year?

I have never had sexual intercourse	
1-2 people	

3-6 people	
7-12 people	
More than 12 people	

Question 9

Do you know anyone who has been forced to have sex against their will in the last 6 months?

NO	**YES**

Question 10

Have you ever engaged with someone of the **same sex** as you in the following way:

(Please answer **EACH** item – use a tick √ for **the appropriate answer**.)

	YES	NO
Foreplay or **heavy petting** (kissing, fingering, romancing, NOT going "all the way")		
SEX (made love/ gone all the way/ penis inserted in vagina or anus)		
ORAL sex (penis inserted into mouth, open mouth kissing of the vagina)		

Section 4

Are you male of female?

Male ☐	**Female** ☐
If you are **Male** complete **Questions 7-12** (on page 25-30)	If you are **Female** complete **Questions 1-6** (on page 19-24)

Question 1 (Females only)

Have you ever been pregnant?

No	**Yes**
IF YOU TICK (√)"NO" please go to **Question 6**	**IF YOU TICK (√)"YES"** please go to the next page.

Question 2 (Females only)

Have you ever terminated (aborted) a pregnancy?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **Question 3**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the father of the child? ☐ years 3. Did the father of the child know? **NO** **YES** 4. Was this something you wanted to do? **NO** **YES** 5. Did your parents know? **NO** **YES** 6. Was this something your parents wanted you to do? **NO** **YES**

Question 3 (Females only)

Have you ever miscarried a baby (lost your baby during pregnancy?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 4**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the father of the child? ☐ years 3. How many weeks pregnant were you? ☐ weeks

Question 4 (Females only)

Have you ever given birth to a baby (alive or stillborn)?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 5**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the father of the child? ☐ years

Question 5 (Females only)

Are you currently pregnant?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **Question 6**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old is the father of the child? ☐ years 2. How many weeks pregnant are you? ☐ 3. Have you decided to have the baby? **NO** ☐ **YES** ☐

Question 6 (Females only)

If not pregnant, are you currently using contraception?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please place the questionnaire in the envelope and place it in the box!! Thank You!	**IF YOU TICK (√) "YES"**, what method of contraception is being used by you or your partner: ☐ Injectable contraception (the injection) ☐ Oral contraceptives (the pill) ☐ Male condom ☐ Female condom ☐ Intra Uterine Device (the loop) ☐ Rhythm ☐ Withdrawal ☐ Other (Please specify) Please place the questionnaire in the envelope and place it in the box!! Thank You!

Question 7 (Males only)

Have you ever made a partner pregnant?

No	**Yes**
IF YOU TICK (√) "NO" please please go to **Question 12**	**IF YOU TICK (√) "YES"** please go to the next page.

Question 8 (Males only)

Has a partner ever terminated (aborted) a pregnancy?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **Question 9**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the mother of the child? ☐ years 3. Was this something you wanted to do? **NO** **YES** 4. Did your parents know? **NO** **YES** 5. Was this something your parents wanted you to do? **NO** **YES**

Question 9 (Males only)

Has a partner ever miscarried a baby (lost your baby during pregnancy)?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 10**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the mother of the child? ☐ years 3. How many weeks pregnant was she? ☐

Question 10 (Males only)

Has a partner ever given birth to a baby (alive or stillborn)?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 11**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the mother of the child? ☐ years

Question 11 (Males only)

Is your partner currently pregnant?

No	**Yes**
IF YOU TICK (√) "NO" please go to **Question 12**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old is the mother of the child? ____ years 2. How many weeks pregnant is she? ____ 3. Has she decided to have the baby? **NO** **YES** 4. Has she decided to keep the baby? **NO** **YES**

Question 12 (Males only)

If not pregnant, are you or your partner currently using contraception?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please place the questionnaire in the envelope and place it in the box!! Thank You!	**IF YOU TICK (√) "YES"**, what method of contraception is being used by you or your partner: ☐ Injectable contraception (the injection) ☐ Oral contraceptives (the pill) ☐ Male condom ☐ Female condom ☐ Intra Uterine Device (the loop) ☐ Rhythm ☐ Withdrawal ☐ Other (Please specify) Please place the questionnaire in the envelope and place it in the box!! Thank You!