



**BIRTH TO TWENTY BARA SITE: 18TH YEAR
YOUNG ADULT ROUTINE QUESTIONNAIRE**

DATE: Day Month Year

BTT ID NUMBER:

BONE ID NUMBER:

Consent Table

Components	Yes	No
Young Adult Core Questionnaire		
Community SES Questionnaire		
Self Completion Questionnaire		
Raven's assessment (if applicable)		

Contact details of a relative or a friend who will **always** know where you live (different to information on contact sheet):

Name: _____ Relationship: _____

Landline number: _____ Cell number: _____

Work number: _____ Other: _____

Address: _____

INFORMED CONSENT

I agree to myself being a participant 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. All the details and purposes of this study have been explained to me. I understand that I have the right to refuse to participate in the study.

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

1. I can withdraw from the study at any time voluntarily and that no adverse consequences will follow on withdrawal from the study.
2. I have the right not to answer any or all questions posed in the interviews and not to participate in any or all of the procedures / assessments.
3. The University of the Witwatersrand Human Ethics committee has approved the study protocol and procedures.
4. All results will be treated with the strictest confidentiality.
5. Only group results, and not my individual results, will be published in scientific journals and in the media.
6. The Bt20 scientific team are committed to treating participants with respect and privacy through interviews conducted in private and follow-up counselling available on request.
7. I will receive a referral note to a health service if any result is out of the normal range or a problem is detected in the course of the study.

PARTICIPANT (Young Adult)

Printed Name	Signature / Mark or Thumbprint	Date and Time
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RESEARCH ASSISTANT:

Printed Name	Signature	Date and Time
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<p>1. We would appreciate if you...</p> <ul style="list-style-type: none"> • Keep in contact with us 	<input type="checkbox"/>
<p>2. Appreciation</p> <ul style="list-style-type: none"> • You and your family are really important to us and to South Africa. • We really appreciate you the commitment you have shown to the study over the last 17 years • The findings of the study has had a positive impact on current and future generations of children because the information that you give us provides accurate and reliable information on child and youth development • To ensure that these aims are met, it is important for Bt20 and its staff to maintain a professional and ethical relationship with you, our study participants. • This is true of all people who interact with you who provide services for you such as health care staff & educators 	<input type="checkbox"/>
<p>3. What <u>IS</u> professional and ethical conduct?</p> <ul style="list-style-type: none"> • Interviewer must be friendly and courteous • Punctuality • Explain the reason for your visit • Explain all components of data collection and answer any questions • Keep all information confidential • Interviewer will make the appropriate referral should you require assistance of a personal nature 	<input type="checkbox"/>
<p>4. What is <u>NOT</u> professional and ethical conduct?</p> <ul style="list-style-type: none"> • Interviewers talking on their cell phones during an interview • Interviewers making personal and / or judgmental comments • Socialising with you outside of Bt20 activities • Interviewers giving their cell phone or personal phone numbers to you • Interviewers doing personal favours for you in return for information • Interviewers touching/talking to you in a way that makes you uncomfortable 	<input type="checkbox"/>
<p>5. As a participant of Bt20, you have the right to:</p> <ul style="list-style-type: none"> • Withdraw from an interview at anytime should you feel uncomfortable • Ask for clarification on any aspect regarding Bt20 • Lodge a complaint of any misconduct to Dr Shane Norris 	<input type="checkbox"/>
<p>6. Understanding Do you understand what Bt20 is and what ethical study behaviour means?</p> <p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>If NO, what don't you understand? (please note if NO)</p>	<input type="checkbox"/>

Adolescent: _____ RA: _____

Date: _____

SECTION A: HOUSEHOLD COMPOSITION AND LIVELIHOODS

In this section we are going to talk about what type of household you have and your relationships with your family members.

1) Who of these family members do you currently live with most of the time and how would you rank your relationship with them?

Classify from 1 (very good) to 5 (non-existent) and 6 (for deceased)

	Yes	No	Rank 1 – 6
Mother			
Father			
Grandmother			
Grandfather			
Spouse/partner			
Children			
Other relatives			
Non-relatives			
Alone			

2) Who is the Head of the household?

3) What is your relationship to the Head of the household?

Spouse	1	Not related	4
Son or daughter	2		
Other relation	3		

4) What is your current marital status?

Marital status	Please tick
1. Single, no relationship	
2. Not married, not cohabiting, but in a casual relationship	
3. Not married but cohabiting.	
4. Married- partner present	
5. Married- partner absent	
6. Separated (if married)	
7. Divorced	
8. Widow	

5) **IF NOT** living with your parent(s) OR caregiver(s), Please list all the members of the household where you live from oldest to youngest (people generally sharing the same main meal) – this applies to people who sleep in backrooms but eat in the main house (**not lodgers**).

Name	Gender	Age	Relationship to you	Highest level of education
1.			My self (Young Adult)	CODE: ➤ None ➤ Primary ➤ Secondary ➤ Tertiary
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

6) Who **mostly supports you? Choose only one option. If none of the given options apply, then please write down who takes care of you. For example, “My cousin”, “Friends of my family”, etc.**

Your mother	1
Your father	2
Both your mother and father	3
Your grandmother	4

Your grandfather	5
Both your grandparents	6
Your aunt	7
Your uncle	8
Both your uncle and your aunt	9
Your big brother	10
Your big sister	11
Someone else (Please specify) <hr/>	12

7) Levels of interaction with members of family

	How often do you communicate with mother/father/grandmother/grandfather on the following issues: 1=Often 2=Rarely 3=Never	Who usually initiates the conversation?	Usual or average or last encounter? Level of agreement 1=High 2=Medium 3=Low	Usual or average or last encounter? Level of altercation/disagreement/upset 1=High 2=Medium 3=Low
Reproduction Sexual- Relationships Sex Contraceptives Marriage				
Career				
Academic studies				
Household chores				
National Politics				
Technology				
Parenting				
Etiquette (Manners)				
Morality/religion				
How I'm feeling and coping with my life				

8) Are the following relatives still alive?

	1=Alive 2=Not alive	If not alive, how old were you when s/he passed away?	Where staying 1=Co residing 2=Same residential area 3=Other (urban area) 4=Other (rural area) 5=Another country
Mother			
Father			
Grandmother			
Grandfather			

9) Who is the main breadwinner in your household?

Self	1
Mother	2
Father	3
Grandmother	4
Grandfather	5
Other(specify)	6

10) Who makes the decisions about how to spend the money in the household?

Everyone makes decisions about their own money	1
Father	2
Mother	3
Grandfather	4
Grandmother	5
We discuss together	6
Other – specify _____	7

SECTION B: HOUSEHOLD SOCIO ECONOMIC STATUS (SES)

In this section we are going to talk about your household's contents and access to facilities.

1. Do you have no access, shared access or sole use of the following facilities: (please **tick one** box for each **facility**)

Facility	No access [0]	Shared access [1]	Sole use [2]
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a) Indoor running hot and cold water			
b) Indoor running cold water only			
c) Outside tap only on property			
d) Water from other sources (please specify) _____			
e) Flush toilet inside the home			
f) Flush toilet outside the home			
g) Pit latrine			
h) Bucket system			
i) Other type of toilet (please specify) _____			

2. Which of the following do you have in your household at the **present** time, in working condition? (please **tick one** box for each **item**)

Item	No [0]	Yes [1]
a) Electricity		
b) Motor vehicle		
c) Fridge		
d) Microwave		
e) Washing machine		
f) Landline telephone		
g) Cell phone		
h) Television		
i) Radio		
j) Video machine/DVD		
k) MNet		
l) DSTV/Satellite		
m) Computer		
n) Internet access		

Are you covered by medical aid?

[SECTION C: MDQ](#)

YES	NO	Don't know
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In this section we are going to talk about your moods and the way you have reacted emotionally in different situations.

1.		YES	NO
	Has there ever been a period of time when you were not your usual self and... ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were so irritable that you shouted at people or started fights or arguments? ...you felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...you got much less sleep than usual and found you didn't really miss it? ...you were much more talkative or spoke faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...thoughts raced through your head or you couldn't slow your mind down? ...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
	...you had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>

	...you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
	...you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
	...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>	<input type="checkbox"/>
	...spending money got you or your family into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2.	If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please circle one response only.</i>		
	YES	NO	
3.	How much of a problem did any of these cause you — like being unable to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please circle one response only.</i>		
	1. No problem 2. Minor problem 3. Moderate problem 4. Serious problem		

SECTION D: SNYDER'S TRAIT HOPE SCALE

In this section we are going to talk about your aspirations, hopes, plans and problem solving experiences.

Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided

1 = Definitely False	2 = Mostly False	3 = Somewhat False	4 = Slightly False
5 = Slightly True	6 = Somewhat True	7 = Mostly True	8 = Definitely True

I can think of many ways to get out of a jam (trouble/tight spot).	
I energetically pursue my goals.	
I feel tired most of the time.	
There are lots of ways around any problem.	
I am easily downed/defeated in an argument.	
I can think of many ways to get the things in life that are important to me.	
I worry about my health.	
Even when others get discouraged, I know I can find a way to solve the problem.	

My past experiences have prepared me well for my future.	
I've been pretty successful in life.	
I usually find myself worrying about something.	
I meet the goals that I set for myself.	

SECTION E: VIOLENCE IN YOUR COMMUNITY, SCHOOL OR WORK-PLACE

In this section of the questionnaire we are going to talk about VIOLENCE in your community, school or work-place in the last 12 MONTHS (e.g. last Christmas, Easter, School term, Halloween, etc)

How often do the following apply to you (not on TV or in movies)	Never	Once or twice	A few times	Many times
I have heard gun shots				
I have seen somebody arrested				
I have seen drug deals				
I have seen someone being beaten up				
My house has been broken into while I was home				
I have seen somebody get stabbed				
I have seen somebody get shot				
I have seen a gun in my home				
I have seen gangs in my neighbourhood				
I have seen somebody pull a gun on another person				
I have seen someone in my home get shot or stabbed				

At school in the last 12 months, how often have you been:	Never	Once or twice	A few times	Many times
Hit by a student				
Hit by school staff				
Kicked or pushed by a student				
Kicked or pushed by school staff				
Badly beaten up				
Threatened with a knife or sharp weapon				
Attacked with a knife or sharp weapon				
Threatened with a gun				
Verbally or emotionally abused by a student, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Verbally or emotionally abused by school staff				

Sexually harassed by a student (unwelcome advances which continue after saying no)				
Sexually harassed by school staff				
Sexually assaulted (attacked)				
Robbed				

At work in the last 12 months , how often have you been:	Never	Once or twice	A few times	Many times
Hit by a colleague/co-worker				
Hit by your supervisor				
Kicked or pushed by a colleague/co-worker				
Kicked or pushed by your supervisor				
Badly beaten up				
Threatened with a knife or sharp weapon				
Attacked with a knife or sharp weapon				
Threatened with a gun				
Verbally or emotionally abused by a colleague, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Verbally or emotionally abused by your supervisor				
Sexually harassed by a colleague/coworker (unwelcome advances which continue after saying no)				
Sexually harassed by your supervisor				
Sexually assaulted (attacked)				
Robbed				

In your neighbourhood in the last 12 months, how often have you been:	Never	Once or twice	A few times	Many times
Hit				
Kicked				
Pushed or shoved				
Badly beaten up				
Threatened with a knife or sharp weapon				
Attacked with a knife or sharp weapon				
Threatened with a gun				
Verbally or emotionally abused, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Shot at				
Sexually harassed				
Sexually assaulted (attacked)				
Robbed				

At home, in the last 12 months, how often have you been:	Never	Once or twice	A few times	Many times
Hit				
Kicked				

Pushed or shoved				
Badly beaten up				
Threatened with a knife or sharp weapon				
Attacked with a knife or sharp weapon				
Threatened with a gun				
Verbally or emotionally abused, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Shot at				
Sexually harassed				
Sexually assaulted (attacked)				
Robbed				

At school in the last 12 months, how often have YOU done these things:	Never	Once or twice	A few times	Many times
Hit or kicked someone				
Pushed or shoved someone when you were angry				
Badly beaten someone up				
Threatened someone with a knife or sharp weapon				
Attacked someone with a knife or sharp weapon				
Threatened someone with a gun				
Verbally or emotionally abused someone, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Sexually harassed someone				
Robbed someone				
Been suspended from school				
Got into a fight after drinking or getting high				

At work in the last 12 months, how often have YOU done these things:	Never	Once or twice	A few times	Many times
Hit or kicked someone				
Pushed or shoved someone when you were angry				
Badly beaten someone up				
Threatened someone with a knife or sharp weapon				
Attacked someone with a knife or sharp weapon				
Threatened someone with a gun				
Verbally or emotionally abused someone, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Sexually harassed someone				
Robbed someone				
Been suspended from work				
Got into a fight after drinking or getting high				

Outside of school OR work in the last 12 months,	Never	Once or	A few	Many
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how often have YOU done these things:		twice	times	times
Hit or kicked someone				
Pushed or shoved someone when you were angry				
Badly beaten someone up				
Threatened someone with a knife or sharp weapon				
Attacked someone with a knife or sharp weapon				
Threatened someone with a gun				
Verbally or emotionally abused someone, that is, being called names or having things said to you that make you feel bad about yourself or afraid				
Sexually harassed someone				
Robbed someone				
Got into a fight after drinking or getting high				

<p>Did your caregiver, or an adult in your home, ever smack you (that is, hit you once or twice with an empty hand)?</p>		
1. No	2. Yes, it happened just once	3. Yes it happened more than once
<p>Did your caregiver, or an adult in your home, ever beat you with a strap, a belt, a stick, or a similar object?</p>		
1. No	2. Yes, it happened just once	3. Yes it happened more than once

How often in the **last 12 months** did you participate in the following activities, or did you do the following things?

	Never	A few times a year	Once or twice a month	Once a week	Daily or almost daily
Played in a school sports team	1	2	3	4	5
Supported a school sports team by attending their matches/games	1	2	3	4	5
Participated in a school society or club	1	2	3	4	5
Worked in a school garden or community garden	1	2	3	4	5
Collected money or goods for your school, your church or a charitable organisation	1	2	3	4	5
Participated in sports or a sport club outside of your school	1	2	3	4	5
Participated/sang in a choir	1	2	3	4	5
Been a member of a dance or music group	1	2	3	4	5
Attended cultural events	1	2	3	4	5
Been a member of a civic or community organisation other than those mentioned above	1	2	3	4	5
Read the newspaper or watched TV news	1	2	3	4	5
Helped a friend with homework or some other project	1	2	3	4	5
Gave money to someone who was poor or hungry	1	2	3	4	5
Attended a church service	1	2	3	4	5
Participated in a church activity other than a religious service	1	2	3	4	5
Read the Bible or another religious book	1	2	3	4	5

	Never	A few times a year	Once or twice a month	Once a week	Daily or almost daily
Volunteered to help out around the house	1	2	3	4	5

Have you ever...

	Yes	No
been a member of a Junior Town Council or Youth Council?	1	2
served on a student representative council?	1	2
been a prefect in your school?	1	2
served as a class monitor?	1	2
Been captain of a sports team?	1	2

SECTION F: CONFLICT TACTICS SCALE

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats/episodes of fights because they are in a bad mood, are tired, or for some other reasons. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences.

Have you been in a serious relationship in the last 12 months?

Yes	No
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IF YES, please **tick** how many times you did each of these things in the past year/12 months, and how many times your partner did them in the past year/12 months.

If you or your partner did not do one of these things in the past year, but it happened before that, tick option "7"

	1. Once in the past year	2. Twice in the past year	3. 3 to 5 times in the past year	4. 6 to 10 times in the past year	5. 11 to 20 times in the past year	6. More than 20 times in the past year	7. Not in the past year, but it did happen before	0. This has never happened
1. I showed my partner I care even though we disagreed								
2. My partner showed care for me even though we disagreed								
3. I threw something at my partner that could hurt								
4. My partner did this to me								
5. I had a sprain, bruise, or small cut because of a fight with my partner								
6. My partner had a sprain, bruise or a small cut because of a fight with me								
7. I made my partner have sex without a condom								
8. My partner did this to me								
9. I punched or hit my partner with something that could hurt								
10. My partner did this to me								
11. I destroyed something belonging to my partner								
12. My partner did this to me								
13. I went to a doctor because of a fight with my partner								
14. My partner did this to me								
15. I shouted or yelled at my partner								
16. My partner did this to me								
17. I said I was sure we could work out a problem								
18. My partner did this to me								
19. I used force (like hitting, holding down, or using a weapon) to make my partner have sex								
20. My partner did this to me								

If you are still at school, please complete the Physical Activity Section ONLY (SECTION G) on page 21

If you are not at school, please complete the Sub-Saharan Africa Activity Questionnaire ONLY (SECTION H) on page 26

SECTION G: PHYSICAL ACTIVITY AT SCHOOL

In this section we will talk about your activities and exercise at school

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

Y	N
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2. How often classes are held & how long are the classes?

Times / week	Hours / time

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

Activities

3. Do your school teachers encourage you to participate in **physical activity**?
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**? (This question **MUST** be answered)

Y	N
Y	N

--

Informal activities

List 3 of the most frequent informal activities that you are involved in (eg: playing soccer with your friends for fun etc)

Activity	Frequency	Duration
1.		
2.		
3.		

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	No
There: _____ minutes	
Back: _____ minutes	

2. Walking

Yes	No
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	No
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 on Transport

(LAST 12 MONTHS)

	How many months?	Prac/Wk	Hrs/Prac	Match/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	Match/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				

END: Thank you, please sign on page 29 and make any notes on page 31

SECTION H: The Sub-Saharan Africa Activity Questionnaire

In this section we are going to talk about your physical activities and leisure time occupations.

**SECTION H1 & H2: OCCUPATIONAL OR EDUCATIONAL (UNIVERSITY/COLLEGE) RELATED ACTIVITIES;
WALKING/CYCLING TO WORK (PAST YEAR)**

Job name	Code	Date at start and finish (mm/yy)		Months held	Cycle to work	Walk to work (min/day)		Job schedule			Cat A,B,C
		start	finish			min/day	slow (pace)	brisk	mo./year	d/week	
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

SECTION H3: LEISURE-TIME ACTIVITIES

In the table below, check all activities the participant did at least 6 times over the past year. Do not include activities related to his/her work

1. House-hold	14. Hunting	27. Gymnastics	40. Sexual intercourse
2. Needle-work	15. Fishing	28. Karate/wrestling	41. Playing music
3. Hair dressing	16. Teaching (at home)	29. Football	42. Singing
4. Home repairs	17. Reading/writing	30. Handball	43. Weight training (machine)
5. Gardening (around the house)	18. Type-writing/computer work	31. Basketball	44. Free weights
6. Light farming	19. Video game	32. Volleyball	45. Treadmill
7. Intense farming	20. Indoor games	33. Lawn tennis	46. Stationary bike
8. Wood splitting	21. Cinema/video/TV watching	34. Table tennis	47. Stair-climbing
9. Animal rearing	22. Discussions (meetings)	35. Cycling	48. Aerobics
10. Driving	23. Aerobic dancing	36. Horse riding	49. Spinning
11. Carpentry	24. Swimming	37. Classical dance	50. Kick-boxing
12. Painting	25. Leisure walking	38. Light traditional dance	51. (Other)
13. Construction work	26. Jogging	39. Vigorous traditional dance	52. (Other)

2.1 PAST YEAR

Write down the number of sessions per week, the number of months per year and the mean duration of a session for each activity this performed over the past year.

PAST YEAR

2.2 PAST MONTH

Write down the number of sessions over the past month and the mean duration of a session for each activity performed during period of time.

PAST MONTH

Activity	Code	Month/year	Sessions/week	Min./session	Sessions/week	Min./session

SECTION H4: PERSONAL EVALUATION OF PHYSICAL ACTIVITY

- How would you describe your physical activity of the past year?

Intense Moderate t all

- Would you like to do (more, less, the same)?

More Less The same Doesn't know

END: Thank you!

Interviewer:

Date:

SELF COMPLETION QUESTIONNAIRE

YES	NO
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Research Assistant:

Date:

RAVENS QUESTIONNAIRE

YES	NO	N/A
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Research Assistant:

Date:

Quality Check:

Date:

Notes: