

1. Who is the **household head**?

2. What is the relationship of the household head to the BTT child?

3. How do you decide who is the head of the household?

4. Please list all the members of the household where the BTT child lives oldest to youngest (people generally sharing the same main meal).

Name	Sex	Age	Relationship to BTT child	Sex	Age	Rel
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

5. Please list all the people who have died in your household, in the last **two** years, and state their relationship to the BTT child

Name	Sex	Age	Relationship to the child	Cause and date of death
1.				
2.				
3.				
4.				
5.				

SOCIO-ECONOMIC INFORMATION

1. Which of the following do you have in your household at the **present** time?

Electricity	Yes=1	No=0	
Television	Yes=1	No=0	
Radio	Yes=1	No=0	
Motor Vehicle	Yes=1	No=0	
Fridge	Yes=1	No=0	
Washing machine	Yes=1	No=0	
Telephone	Yes=1	No=0	
Video machine	Yes=1	No=0	
Microwave	Yes=1	No=0	
MNet	Yes=1	No=0	
DSTV / Satellite	Yes=1	No=0	
Cellular telephone	Yes=1	No=0	

2. If you work outside of the home, describe what work do you do?

	0=Don't work outside home 1=Unskilled 2=Skilled 3=Blue collar 4=White collar 5=Professional 6=Own business (low income) 7=Own business (high income)
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3. Do you receive a Child Care Support Grant for any child?

Yes=1	No=0	
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4. Support for the BTT child:

	Biological Mother	Biological Father	Current Partner	Grandparents	Caregiver
Financial support (cash, school fees)					
Buys goods (clothes, food)					
Emotional support: spends time, encoura					

SERIOUS MEDICAL OR DEVELOPMENTAL PROBLEMS

Does the BTT child have, or has the child had any serious medical or developmental problems (physical or mental), or any injuries during the past year?

Yes=1	No=0	
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IF YES please list the

- a) problem
- b) type of treatment
- c) the place where the child is or has been treated

Problem 1 (a)

treatment (b)

place (c)

Problem 2 (a)

treatment (b)

place (c)

Problem 3 (a)

treatment (b)

place (c)

EDUCATION & CAREER ASPIRATIONS OF CAREGIVER FOR 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?

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 do you intend 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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HIV/AIDS KNOWLEDGE

Please note that you should not infer that your answer to the question posed by the interviewer is correct purely because of a non response from the interviewer. If you

would like to find out more about the statements posed contact Lovelife on 0800121900

- | | | | |
|-----|---|------|-------|
| 1. | Most people who develop AIDS eventually recover | TRUE | FALSE |
| 2. | A baby born to a mother with HIV infection can get AIDS | TRUE | FALSE |
| 3. | AIDS weakens the body's ability to fight off disease | TRUE | FALSE |
| 4. | People have been known to get HIV and develop AIDS from toilet seats | TRUE | FALSE |
| 5. | People get other diseases because of AIDS | TRUE | FALSE |
| 6. | Using a condom will lessen the chance of getting AIDS | TRUE | FALSE |
| 7. | People of any race can get HIV and develop AIDS | TRUE | FALSE |
| 8. | You can get HIV (which leads to AIDS) from eating from the same plate as an infected person | TRUE | FALSE |
| 9. | You can get infected by having an HIV test | TRUE | FALSE |
| 10. | People have been known to get HIV and develop AIDS from insect bites | TRUE | FALSE |

DIETARY INTAKE

1. Which of the following do you usually eat most of the time? (Mark only one per column)				MILK / MILK PRODUCTS	
				SPREAD	
CHICKEN/POULTRY		RED MEAT		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)				Never	Occasionally	Weekly	Daily	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)													
<i>Food item</i>	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							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							Avocado						

How would you describe your dietary intake of the past week?

As usual More than usual Less than usual

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	

GENERAL HEALTH

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

	Never	Occasionally	Often
Laxatives			
Antibiotics			
Pain killers			
Vitamins and minerals			

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

	Never	Occasionally	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)

Pear shape (carry fat around my hips)	
Apple shape (carry fat around my middle)	
Cylinder shape (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	

EATING ATTITUDES TEST

Please make a cross under the column which applies best to the way you feel next to each statement.

	Always	Very often	Often	Sometimes	Seldom	Never
1. I am terrified (<i>very scared</i>) about being overweight						
2. I avoid eating (<i>try not to eat</i>) when I am hungry						
3. I find myself preoccupied with food (<i>think about food a lot</i>)						
4. I have gone on eating binges (<i>a lot of food in a short time</i>) where I feel that I may not be able to stop						
5. I cut my food into small pieces						
6. I am aware of the calorie/ kilojoule (<i>energy</i>) content of foods that I eat						
7. I particularly avoid foods with a high carbohydrate (<i>starch</i>) content <i>such as</i> bread, potatoes, rice <i>and pap</i>						
8. I feel that others would prefer (<i>like it</i>) if I ate more						
9. I vomit (<i>bring up food / throw up</i>) after I have eaten						
10. I feel extremely guilty (<i>I've done wrong</i>) after eating						
11. I am preoccupied with a desire to be thinner (<i>think about being thinner a lot</i>)						
12. I think about burning up calories/ kilojoules (<i>energy</i>) when I exercise						
13. Other people think I am too thin						
14. I am preoccupied with the thought of having fat on my body (<i>think about having fat on my body a lot</i>)						
15. I take longer than other people to eat my meals (<i>food</i>)						
16. I avoid (<i>try not to eat</i>) foods with sugar in them						
17. I eat "diet" foods (<i>special foods to lose weight</i>)						
18. I feel that food controls my life						
19. I display self control around food (<i>I can control my eating if there is a lot of food available</i>)						
20. I feel that others put pressure on me to eat						
21. I give too much time and thought to food						
22. I feel uncomfortable (<i>not good</i>) after eating sweets						
23. I engage in dieting behaviour (<i>try to lose weight</i>)						
24. I like my stomach to be empty (<i>I like the feeling</i>)						
25. I enjoy trying new rich (<i>creamy/ fatty</i>) foods						
26. I have the impulse (<i>need</i>) to vomit after meals						

BODY IMAGE (SILHOUTTE)

FEMALE

Which one of the following pictures looks the most like your body?

FEMALE

Which one of the following pictures would you like your body to look like?

BODY ESTEEM

	Never	Seldom	Sometimes	Often	Always
1. I like what I look like in pictures	0	1	2	3	4
2. Other people consider me good looking	0	1	2	3	4
3. I'm proud of my body	0	1	2	3	4
4. I'm preoccupied with trying to change my body weight	0	1	2	3	4
5. I like what I see when I look in the mirror	0	1	2	3	4
6. There are lots of things I'd like to change about my looks if I could	0	1	2	3	4
7. I am satisfied with my weight	0	1	2	3	4
8. I wish I looked better	0	1	2	3	4
9. I really like what I weigh	0	1	2	3	4
10. I wish I looked like someone else	0	1	2	3	4
11. People my own age like my looks	0	1	2	3	4
12. My looks upset me	0	1	2	3	4
13. I'm as nice looking as most people	0	1	2	3	4
14. I'm pretty happy about the way I look	0	1	2	3	4
15. I feel I weigh the right amount for my height	0	1	2	3	4
16. I feel ashamed of how I look	0	1	2	3	4
17. Weighing myself depresses me	0	1	2	3	4
18. My weight makes me unhappy	0	1	2	3	4
19. I worry about the way I look	0	1	2	3	4
20. I think I have a good body	0	1	2	3	4
21. I'm looking as nice as I'd like to	0	1	2	3	4

WEIGHT MANAGEMENT PRACTICES

1	How often during the past 2 years have you tried to lose weight? (mark one only)	0 time	1 time	2 times	3 or more
2	If you did try to lose weight, what was the most important reason? (Mark only ONE)				
	Eg: Partner says I am too fat	Health reasons			
		Want to look better			
		Clothes too tight			
		Other _____			
3	If you did try to lose weight during the past 2 years, which of the following methods did you use? (you may choose more than one)				
		Yes	No		
	1. 3 healthy, smaller meals a day				
	2. Increased exercise				
	3. Leaving out one or more meals				
	4. Eating less and nothing between meals.				
	5. Diet formula / milkshakes / powders.				
	6. Weigh-less or any other slimming club.				
	7. Low carbohydrate, high protein diet				
	8. Pills to lose water.				
	9. Pills to suppress appetite.				
	10. Laxatives.				
	11. Herb mixtures.				
	12. Stretch clothes to make you perspire.				
	13. Machines which “break” down fat.				
	14. Injections that help to break down fat.				
	15. Fasting (one or more days).				
	16. Other (specify). _____				

4 Which <u>ONE</u> of the following best describes your weight during the past two years?		
	My weight has been steadily increasing	
	My weight has been steadily decreasing	
	My weight has been more or less constant	
5 What do you think about your own weight? (Choose <u>ONE</u> only)		
	I am underweight	
	I am normal weight	
	I am overweight	
	I am very overweight	
6. Which <u>ONE</u> of the following best describes you at the present moment:		
	I am completely satisfied with my present weight	
	I would like to lose 1-3 kg	
	I would like to lose 4 or more kg	
	I would like to put on some weight	

CAREGIVER'S MEASUREMENTS

SECTION A:

- STANDING HEIGHT: (mm)
- SITTING HEIGHT: (mm)
- WEIGHT: (kg)
- WAIST CIRCUMFERENCE: (mm)
- HIP CIRCUMFERENCE: (mm)

			•	

SECTION B: SKINFOLD MEASUREMENTS – LEFT SIDE (mm)

- TRICEP:
- BICEP:
- SUBSCAPULAR:
- SUPRA-ILIAC:

		•				•			•	
		•				•			•	
		•				•			•	
		•				•			•	

SECTION C: BLOOD PRESSURE

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

		h							

SUBJECT CONSENT FORM

I, _____
(caregiver) and

My child _____ (name

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

- The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.
- The research has been explained to us and we understand what will be expected of us.
- All results will be treated with the strictest confidentiality.
- Only group results, and not my/my child's individual results, will be published in scientific and professional journals.
- The scientific team will do all they can to maintain my comfort and dignity.
- I/my child can withdraw from the study at any time if the procedures are not comfortable, and that no adverse consequences will follow on withdrawal from the study.
- As a parent or caregiver, I will receive a referral note to a health service if any obvious physical problem my child might have is detected in the course of the study.

Parent _____ Date _____

Youth participant _____ Date _____

Interviewer _____ Date _____

NOTES

PLEASE WRITE DOWN ANY INFORMATION AROUND YOUR OBSERVATIONS OF THE BTT CHILD, THE CAREGIVER, AND THEIR FAMILY SITUATION.

REFERRAL LOG SHEET

BTT / Bone study ID	
Surname	
Name	
Contact number	
Date	
Referral case	
Interviewer	

Office use

Recommendation	
Follow-up	Date: Comments: