



**BIRTH TO TWENTY MOBILE TEAM: 13TH YEAR
ADOLESCENT QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

DIETARY INTAKE

Complete a 24 hour dietary recall questionnaire

Y	N
---	---

GPS COORDINATES

Perform GPS scan for coordinates

Verify that the coordinates are entered correctly

Y	N
---	---

SEXUAL KNOWLEDGE AND EXPERIENCE

1. Have you ever had a health education class at **school** that included sex education?

No	0	Yes	1
----	---	-----	---

If YES,

In what grade

Was this useful to you?

No	0	Yes	1	Somewhat	2
----	---	-----	---	----------	---

2. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family

No	0	Yes	1	Not Sure	2
----	---	-----	---	----------	---

3. Have you ever discussed birth control/family planning/contraceptive methods with:

(Please answer EACH item.)

- a. Your parents / guardians No 0 Yes 1
- b. Your friends No 0 Yes 1
- c. Your teacher, counsellor or coach No 0 Yes 1
- d. Your doctor or clinic nurse No 0 Yes 1
- e. Others No 0 Yes 1

If YES, please describe

4. Do you know what it means to "have sex" with someone? No 0 Yes 1

If YES, continue

If NO SKIP section

5. Have you ever engaged in foreplay or heavy petting (i.e. not going "all the way")?

No 0 Yes 1 Not Sure 2

If YES, How old were you in years when this first happened?

IF NO SKIP section

How old was your partner or if you have done it more than once,

How old was your first partner?

How old was your most recent partner?

Was this something you wanted to participate in?

No 0 Yes 1 Not Sure 2

6. Have you ever had sex (made love, gone all the way, penis inserted in vagina or anus)?

No 0 Yes 1

IF YES, continue

How old were you in years when you had sex the first time?

Was this something you wanted to participate in?

No 0 Yes 1

What sex/gender was the person you had sex with

Male 1 Female 2

How old was your partner or if you have done it more than once,

How old was your first partner?

How old was your most recent partner?

7. Have you ever had sex or been touched in private areas against your will?

No 0 Yes 1 Don't Know 2

If YES: How old was the person who did this to you

What sex/gender was the person?

Male 1 Female 2

Have you ever had sex or touched another person in private areas against his/her will?

No 0 Yes 1 Don't Know 2

If YES: How old was the person you did it to?

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 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

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

SECTION B: Fastfoods

1. How often during the past week did you eat/buy 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+ x 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</i>						
Diet drinks						
Other:						

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

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

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+ x 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
	<input type="checkbox"/>	<input type="checkbox"/>

3. Which foods do you often have in your lunch box (at least 2 or more times per week)?
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 at school? **Mark one only**

Yes 1	No 2	Sometimes 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How much money do you usually get to spend at school per week? **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:						

SECTION D: TV habits

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? 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

MULTIGROUP CULTURE IDENTITY MEASURE

In South Africa, people come from many different countries and cultures, and there are many different words to describe the different cultures that people come from. Such as Zulu, Sotho, Xhosa, Venda, Pedi, Tsonga, Tsana, Swati, Ndebele, English South African, Afrikaans, Jewish, Greek, Portuguese and many others.

These questions are about your culture and how you feel about it or react to it.

Please fill in: In terms of culture, I consider myself to be _____

Indicate how much you agree or disagree with each statement.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
I have spent time trying to find out more about my culture, such as its history, traditions, and customs				
I am active in social groups (e.g. friendship circles, clubs, youth groups) that include mostly members of my own cultural background				
I have a clear sense of my cultural background and what it means for me				
I think a lot about how my life will be affected by belonging to my culture				
I am happy that I am a member of the culture I belong to				
I have a strong sense of belonging to my own culture				
I understand pretty well what my culture membership means to me				
In order to learn more about my cultural background, I have often talked to other people about my culture.				
I have a lot of pride in my culture				
I participate in cultural practices of my own group, such as special food, music, or customs.				
I feel a strong attachment towards my own culture				
I feel good about my cultural background				
I feel influenced by cultures from America and Europe (e.g. lifestyle, fashion, speech)				

My father's culture is?

My mother's culture is?

If you could choose a favourite culture that you would like to belong to, which culture would that be...?

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

--

ULE URINE TEST

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

DIGITAL PHOTOGRAPH

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

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

INFORMED CONSENT

I agree to my child being a participant in the Birth to Twenty study.

The details of Birth to Twenty are clear to me.

I understand that the study will involve testing urine and blood samples and all the details and purposes of these tests have been explained to 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 and professional journals.
4. The scientific team will do all they can to maintain my comfort and dignity.
5. 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.
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 is detected in the course of the study.

Parent _____ Date _____

Youth participant _____ Date _____