



## BIRTH TO TWENTY TWO YEAR QUESTIONNAIRE

**DATE:** Day  Month  Year

**BTT ID NUMBER:**

**BONE STUDY ID NUMBER:**

**BTT CHILD'S NAME(S):**

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**SURNAME:**

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**MOTHER'S NAME:**

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1. Date of birth of child: Day  Month  Year

2. Sex of child: Male  Female

3. Name of clinic : \_\_\_\_\_

4. Is interview conducted in home language of caregiver? Yes  No

If **NO**, what language is used? \_\_\_\_\_

5. Address where BTT correspondence should be sent :  
\_\_\_\_\_  
\_\_\_\_\_

6. Contact telephone numbers - Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Cell : \_\_\_\_\_  
 Neighbour: \_\_\_\_\_  
 Relative: \_\_\_\_\_

**RELATIONSHIP OF BTT CHILD TO CAREGIVER – If you are talking to the mother of the child (i.e. the answer to question 7 is YES), skip question 8 to question 16 and continue with question 17. If not, continue with question 8.**

7. Are you the mother of the child? Yes  No

If **YES**, go to **Q17**

If **NO**, what is your relationship to the child? Specify \_\_\_\_\_

8. If child not cared for by mother, why not? (e.g. mother works; gone back to school, died etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

9. If mother died, how old was BTT baby when mother died? (in months)

10. What was the cause of mother's death? \_\_\_\_\_  
 \_\_\_\_\_

11. Where is BTT child cared for?

Child's home	Childminder's home	Creche or similar facility	Other
1	2	3	4

If **OTHER**, specify \_\_\_\_\_

12. If **CHILDMINDER**, is she / he being paid?  Yes  No

13. How old is the childminder?

14. What is the highest educational qualification of the childminder?

15. How many children are in childminder's care?

16. How many different childminders (other than mother) has child had since birth?

**BTT CHILD'S HOME ENVIRONMENT**  
**I would like to ask you a few questions about the child's accommodation, as well as the environment where the child stays.**

17. During the past two weeks, where and with whom did child spend most of the time?

	Where	Who – relationship to child
a. during the day		
b. during the night		
c. on the weekend		

18. Would you describe where BTT child lives now as

Shack in squatter area	1	House	5
Shack in backyard	2	Hostel	6
Brickroom in backyard	3	Shared house with another family	7
Flat	4	Other (specify)	8

19. Has the home (accommodation) of BTT child changed during the past year?

Yes	No
-----	----

If **YES**, where did child previously live?

Shack in squatter area	1	House	5
Shack in backyard	2	Hostel	6
Brickroom in backyard	3	Shared house with another family	7
Flat	4	Other (specify)	8

20. Is the home where BTT child lives on as permanent basis

Owned by family	1
Rented from another person	2
Rented from local authority	3
Provided by employer	4
Other (specify)	5

21. How many rooms in BTT child's home are used for sleeping?

22a. How many -

Adults ( <b>16 years and above</b> )	<input type="text"/>
Children ( <b>less than 16 years</b> )	<input type="text"/>

live in the BTT child's home?

22b. What is the **relationship** of the adults and children living in the **BTT child's** home to the BTT child? (including **mother, father, brothers, sisters, cousins, mother's sister or brother, father's sister or brother, mother's father or mother, father's father or mother, etc.**)

FIRST NAME & SURNAME	RELATIONSHIP TO BTT CHILD
1.	
2.	

3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

**BTT CHILD'S PARENTS**  
**I would like to ask you a few questions about the BTT child's parents i.e.the people presently responsible for raising the child**

23. How often does the BTT child have contact with his / her **biological father**?

Daily = 1	Weekly = 2	Monthly = 3	Never = 4	Other = 5
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If **OTHER**, specify how often \_\_\_\_\_

24. In the past year, who was mainly responsible for the material support of the child? (**who provides**)

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25. What is the occupation of -

BTT child's father / mother's partner?

BTT child's mother?

26. Present marital status of mother –

Civil marriage only	1	Single	5
Traditional marriage only	2	Divorced	6
Both civil & traditional marriage	3	Widow	7
Living together	4	Separated	8

27. Has the marital status of the BTT mother changed since the birth of the BTT child? 

Yes	No
-----	----

If **YES**, what was mother's marital status at time of birth of BTT child?

Civil marriage only	1	Single	5
Traditional marriage only	2	Divorced	6
Both civil & traditional marriage	3	Widow	7
Living together	4	Separated	8

28. What is the BTT mother's highest educational qualification?

29. What is the BTT father's highest educational qualification?

30. Has the BTT child's mother gone back to school of continued her education since the BTT child's birth? 

Yes	No
-----	----

If **YES**, what is she studying?

31. Number of live births of BTT mother (**including BTT child**)

32. Does BTT child have any younger brothers or sisters? 

Yes	No
-----	----

If **YES**, specify ages of children in **months**

Child 1	months
Child 2	months

33. Is BTT mother pregnant now? 

Yes	No	Don't know
-----	----	------------

If **YES**, due date (**month**) \_\_\_\_\_

34. Has BTT mother used any contraceptives during the past year? 

Yes	No	Don't know
-----	----	------------

If **YES**, which contraceptive/s presently being used?

Pill = 1	IUCD = 2	Injection = 3	Condom = 4	Other = 5	Don't know = 6
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If **OTHER**, specify \_\_\_\_\_

**BTT CHILD' HEALTH**  
I would like to ask you a few questions about the BTT child's health

**ACCIDENTS**

35. In the **PAST YEAR** has the BTT child been involved in any accidents (**including home injuries like burns or poisoning**) resulting in injuries? (**Accept mother's assessment re significance**)

Yes	No
-----	----

If **YES**,

Age (months)	Type of accident	Injury

36. Following the accident, where was the child treated? \_\_\_\_\_

**ILLNESS** (excluding accidents)

37. In the **PAST YEAR** has the BTT child been admitted to a hospital or a clinic? (**including a driproom**)

Yes	No
-----	----

If **YES**,

Age (months)	Duration (days)	Reason (Illness)

38. In the past **TWO WEEKS**, has the child been sick?

Yes	No
-----	----

If **YES**, what was the problem?

	No = 0 Yes = 1 D/K = 2	Duration in days	(1) Home Remedy	ACTION (2) Chemist	TAKEN (3) Trad. Healer	(please (4) Private Doctor	tick) (5) TPA Clinic	(6) Well- Baby Clinic	(7) Hosp- ital
Sneezing									
Runny / stuffy / blocked nose									
Red eyes									
Watery eyes									
Wet cough									
Dry cough									
Hoarseness									
Fast breathing									
Difficulty breathing									
Noisy breathing									
Wheezing									
Runny ears									
Vomiting									
Diarrhoea ( 3 or more loose watery stools in 24 hours									
Colic									
Fever									
Poor appetite									
Allergy									
Irritability									
Worms in stool									
Other health problems									

If **OTHER**, please specify \_\_\_\_\_

39. Since birth, has this child ever been diagnosed by a doctor as having the following :

Bronchitis / bronchiolitis	1	Croup	4
Pneumonia	2	Measles	5
Asthma	3	Other (specify)	6

40. Since birth has child had **for most days & nights for at least 3 months)**

Wheezing / whistling chest	Yes	No
Coughing	Yes	No

41. On the whole, would you say the health status of your child is

Poor = 1	Fair = 2	Good = 3
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**FEEDING OF THE BTT CHILD**

I am going to ask a few questions about breast and bottle feeding, as well as questions about the BTT child's salt and solids intake

42. Did you ever breastfeed the BTT child?

Yes	No
-----	----

If **YES**, do you still breastfeed this baby?

Yes	No
-----	----

If **NO**, how old was your baby when breastfeeding was discontinued?

	weeks	or
	months	

43. Did you ever bottlefeed the BTT child?

Yes	No
-----	----

If **YES**, how old was your baby when you started to bottlefeed?

	days	or
	weeks	
	months	

44. Do you still bottlefeed the BTT child with milk?

Yes	No
-----	----

If **YES**, how much milk do you give in 24 hours? How many

Cups	Small bottles	Large bottles

45. If bottlefeeding, what type of milk are you using now?

1	Powder milk – name
2	Cows milk – full cream
3	Cows milk – skimmed
4	Other milk – specify
5	Milk combination - specify

46. At what age did child start having foods other than milk?

	months
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47. If any salt added to baby's solids, please estimate how much salt you add per day

None = 1	Pinch = 2	¼ teaspoon = 3	½ teaspoon = 4	1 teaspoon = 5



**PSYCHOLOGICAL ASSESSMENT**

**DEVELOPMENTAL ASSESSMENT**  
I'd like to ask you some questions about how your baby is developing and about the things you might have noticed he / she is already doing or maybe not yet doing because he / she is still too young

48. In general, are you happy with your child's development up to this stage? 

Yes	No
-----	----

If NO, why not \_\_\_\_\_

49. **INTERVIEWER OBSERVE IF THE CHILD IS ABLE TO WALK WITHOUT HELP**

Yes	No
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**If YES, proceed with NEXT QUESTIONS. If NO, go to NEXT SECTION.**  
I am going to ask you some specific questions about what you have noticed your child being able to do and what he / she can't yet do. Can your child or is your child able to ..... Mark YES, NO or NO OPPORTUNITY (NOP = either the child does not have the facilities necessary to demonstrate the item or the caregiver has not had the opportunity to observe if the child is able to perform it or not)

IS YOUR CHILD ABLE TO –

50. Chew solid foods, like meat or bread? 

Yes	No	NOP
-----	----	-----

51. Take off his / her socks or shoes without help? 

Yes	No	NOP
-----	----	-----

52. Pour water from one cup or tin into another without spilling and does he / she enjoy doing things like that? 

Yes	No	NOP
-----	----	-----

53. Overcome simple obstacles, like climb onto chair to get something he / she wants, push open a closed door, use a stick or an implement etc.? 

Yes	No	NOP
-----	----	-----

54. Fetch something you ask him / her for or go and call someone when you ask him / her to? 

Yes	No	NOP
-----	----	-----

55. Drink from a cup or glass without help? 

Yes	No	NOP
-----	----	-----

56. Walk by him or herself (not being carried) if you go to a nearby place, at least some of the way? 

Yes	No	NOP
-----	----	-----

57. Play with other children i.e. get on with other children? 

Yes	No	NOP
-----	----	-----

58. Eat soft food with a spoon? 

Yes	No	NOP
-----	----	-----
59. Walk around the house or yard without you worrying that you have to watch him / her all the time? 

Yes	No	NOP
-----	----	-----
60. Know what is edible and what is not, i.e. does he / she know not to eat dirt and things like that? 

Yes	No	NOP
-----	----	-----
61. Use the names of some familiar objects (not people) like blanket, shoes etc.? 

Yes	No	NOP
-----	----	-----
62. Walk (not crawl) upstairs without help from others (even if child holds onto wall or steps with both feet on each step)? 

Yes	No	NOP
-----	----	-----
63. Unwrap a sweet or other food that is wrapped in paper? 

Yes	No	NOP
-----	----	-----
64. Use short sentences and not just single words when talking? 

Yes	No	NOP
-----	----	-----
65. Ask or tell when he / she needs to go to the toilet? 

Yes	No	NOP
-----	----	-----
66. Play by him / herself without you looking after him / her, at least for short periods? 

Yes	No	NOP
-----	----	-----
67. Take off his shirt or her dress by him / herself if the buttons or zips have been undone? 

Yes	No	NOP
-----	----	-----
68. Get a cup or mug of water without help? 

Yes	No	NOP
-----	----	-----
69. Dry his / her hands after you have washed them? 

Yes	No	NOP
-----	----	-----
70. Avoid simple dangers like not touching hot things or sharp knives? 

Yes	No	NOP
-----	----	-----
71. Put on own dress or shirt without help if you do the buttons or zip? 

Yes	No	NOP
-----	----	-----
72. Tell you about things that have happened to him / her or tell simple stories? 

Yes	No	NOP
-----	----	-----
73. Walk downstairs, with one foot at a time on each step? 

Yes	No	NOP
-----	----	-----
74. Play or do things with other children of same age, like sing a song, say a rhyme or play a simple pretend game, like having tea? 

Yes	No	NOP
-----	----	-----
75. Put on own shirt or dress and do up the buttons without help? 

Yes	No	NOP
-----	----	-----

76. Help with little things around the house, like run errands, pick up things, help to set or clear the table?  Yes  No  NOP
77. 'Perform' for others like doing stunts, singing, saying rhymes and so on?  Yes  No  NOP
78. Wash hands without help and dry them?  Yes  No  NOP

**PSYCHOLOGICAL ADJUSTMENT**

**I'd now like to ask you about any problems you might be having with your child, for example is he / she :**

79. Toilet trained during day – for stools & urine?  Yes  No
80. Dry most nights  Yes  No
81. Difficult to manage, throws temper tantrums, is over-active, destructive or uncontrollable?  Yes  No
82. Passive and inactive, sits around doing little, staring?  Yes  No
83. Cries, whines, moans and seems unhappy or complains of aches & pains a lot of the time?  Yes  No
84. Plays with and is liked by other children?  Yes  No
85. Fearful, won't separate from mother and has other specific fears?  Yes  No
86. Eats poorly and has a poor appetite?  Yes  No
87. Seems clumsy, knocks things over, walks into things and trips frequently?  Yes  No
88. Speech is difficult to understand, speaks badly for his / her age?  Yes  No
89. Sleeps badly, wakes frequently during the night requiring attention?  Yes  No
90. Are there any things which haven't been mentioned about your child's behaviour and which bother you?  Yes  No

If **YES**, what are they \_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT OF HOME ENVIRONMENT**

**I'd like to ask you a few questions about your home & household activities, especially with regard to your child**

91. About how much time each day do you manage to spend 'just playing' with your child?

No time = 0	Less than 1 hour = 1	More than 1 hour = 2
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92. How often does his / her father (or other men important to the child) spend time playing with him / her?

Almost never = 1	At least once a week = 2	2 - 4 times a week = 3	Every day = 4
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93. About how often do you take your child out of the house with you, to go to the shops, visiting etc.?

Almost never = 1	At least once a week = 2	2 - 4 times a week = 3	Every day = 4
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94. Is there anything you are trying to teach your child at the moment?

Yes	No
-----	----

If **YES**, describe \_\_\_\_\_  
\_\_\_\_\_

95. Does your child have any playthings, bought toys or things you have made or given him / her to play with?

Yes	No
-----	----

96. Is there a radio in the house?

Yes	No
-----	----

97. Does anyone in the household own a motor vehicle?

Yes	No
-----	----

98. Is there a refrigerator in the house?

Yes	No
-----	----

99. Is there a washing machine in the house?

Yes	No
-----	----

100. Is there a telephone in the house?

Yes	No
-----	----

101. Is there a television in the house?

Yes	No
-----	----

102. If there is no television in the house do you and / or your child watch at the house of a neighbour or friend?

Yes	No
-----	----

103. Does anyone in the household bring home a newspaper most days?

Yes	No
-----	----

104. Do you have any pets?

Yes	No
-----	----

105. Do you grow any potplants in the house?

Yes	No
-----	----

106. Do you ever try out new recipes that you hear or read about?

Yes	No
-----	----

<b>RATING OF MOTHER / PRIMARY CAREGIVER (Interviewer should complete the following questions)</b>
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107. Does the child look clean and well looked after?

Very clean	1
A bit grubby, but normal	2
Dirty and neglected looking	3

108. Does the child appear happy, confident and secure in the mother's presence?

Completely happy	1
A little insecure, but normal	2
Not happy, confident or secure	3

109. Does the mother seem unhappy and worn down by worries and troubles?

Not at all	1
A little care-worn, but normal	2
Unhappy and worn down	3

110. Does the mother demonstrate any negative feelings towards the child?

Not at all	1
A little, but normal	2
Demonstrates negative feelings	3

111. Does the mother appear to be confident and assured in her care and management of the child?

Very much so	1
A little hesitant, but normal	2
Unsure & lacking in confidence	3

112. Does the mother show affection towards the child?

A lot	1
A little, but normal	2
None, absence is marked	3

### SMOKING, SNUFFING AND CHEWING TOBACCO

I would like to ask you a few questions about smoking, snuffing and chewing tobacco by you, your partner or any other members of the household where the BTT child spends time (two or more hours per day)

113. Have you ever smoked daily for 6 months or more?  Yes  No

114. Do you smoke now?  Yes - daily  Yes - occasionally  Not at all

If **DAILY**, how much do you usually smoke per day?

	No.
Manufactured cigarettes	
Hand-rolled cigarettes	
Pipesful of tobacco	
Cigars	

115. Do you use snuff? (Taken by mouth or nose)  Yes - daily  Yes - occasionally  Not at all

If **YES**, how many tins per week?  a week

116. Do you chew tobacco? (Also known as '**promping**' or '**pruim**')  Yes - daily  Yes - occasionally  Not at all

If **YES**, how much per week?  cm / inch

117. If your partner lives in the same house as the BTT child, does he smoke?  Yes - daily  Yes - occasionally  Not at all

If **YES**, how many cigarettes does he smoke per day?  a day

118. Do any other members of your household smoke regularly? (excluding your partner)  Yes  No

119. All together, how many regular smokers are there in the household (including yourself)

120. Does any person who looks after the child for two or more hours per day smoke? (including the childminder)  Yes  No  Don't know

**FUEL AND WASTE**

121. During the **past two weeks**, have you noticed a lot of refuse and rubbish lying around outside your house or in the street?  Yes  No

122. Is your home wired up for electricity?  Yes  No

If **YES**, what is electricity used for? Specify \_\_\_\_\_  
 \_\_\_\_\_

123. In the **past two weeks**, what type of fuel was **MAINLY** used in the home of the BTT child?

	None	Electricity	Coal & wood	Gas	Paraffin	Wood only	Other
For heating							
For cooking							

Is there any specific thing that you expect from the study and / or do you have any questions or comments you would like to make? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTERVIEWER:** Do you have any comments about the interview?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WE WOULD LIKE TO THANK YOU VERY MUCH FOR PARTICIPATING IN THE TWO YEAR INTERVENTION.**