



**BIRTH TO TWENTY MEDICAL SCHOOL SITE: 16<sup>TH</sup> YEAR  
ADOLESCENT QUESTIONNAIRE**

DATE : Day   Month   Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

Consent Table	Yes	No
Questionnaire (Bt20 Services)		
Self – Complete Questionnaire		
Anthropometric Measurements		
Pubertal Assessment		
Adolescent DXA		
Adolescent pQCT		
Adolescent Urine		
Adolescent Blood		

## 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, measures of growth, literacy and numeracy tests, educational development and school reports. All the details and purposes of these tests have been explained to me. I understand that I have the right to refuse to participate in the study.

I, the undersigned, hereby declare that I understand:

1. That the University of the Witwatersrand, Johannesburg (hereafter referred to as "the University") has insured itself against the acts and omissions of persons acting on its behalf insofar as it is liable in law therefore and that its registered students and staff are insured during the course and scope of their registered courses and/or within the scope of the University business, where the fault can be attributed to the University or its affiliates.

2. That in cases where no fault can be attributed to the University, I hereby indemnify, absolve and hold harmless the University, its officials, employees, students and invitees in respect of any damage to the property, death or bodily injury to/of myself and/or third parties, whether on/off the University precincts, or whilst engaged in any activity related to the University.

3. And undertake, for any period during which I am on the university precincts or during my participation in the Birth to Twenty Study, to be bound by the rules and regulations of the University for the time being in force and by any requirements or conditions imposed by the University on me.

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 Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.

4. All results will be treated with the strictest confidentiality.

5. Only group results, and not my/my child's 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.

**I understand that I attend and participate in Birth to Twenty on the (date) \_\_\_\_\_ at my own risk where the event falls outside the cover provided by the University. I acknowledge that I have read and understood the contents of this informed consent and indemnity in every respect**

Youth participant \_\_\_\_\_ Research Assistant \_\_\_\_\_

**There are 7 components that we are going to work through together; it will take about 2 hours**

**In this section of this questionnaire is about the Bt20 Health Services**

At Birth to Twenty we are concerned with the health and wellbeing of our study participants. We have in the past offered services to both adolescents and caregivers, such as counseling as well as testing for cholesterol and diabetes. We have had many requests for other tests and we would like to ask you a series of questions around the Bt20 health service.

**Question 1**

Would you like Bt20 to continue to offer the following free services/tests/monitoring to you?

	YES	NO
Counseling		
Cholesterol		
Diabetes		
High Blood Pressure		

**Question 2**

Would you like Bt20 to offer the following free services/tests to you in the future?

	YES	NO
Heart disease		
Cancer/tumors		
Pregnancy		
Sexually transmitted infections		
HIV counseling and testing		

**Question 3**

Would you like to give consent (permission) to the following tests **independently** of your parent/caregiver?

	YES	NO
Heart disease		
Cancer/tumors		
Pregnancy		
Sexually transmitted infections		
HIV counseling and testing		

**Question 4**

Do you think it is easier (more convenient, more private) to answer questions around smoking, drugs, sex by yourself at HOME or at the BT20 site offices? (Please tick only **ONE**)

It is easier at HOME	
It is easier at the Bt20 site office	
Both are equally the same	

Research Assistant name:

Date:



**BLOOD PRESSURE**

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

		<b>h</b>						

Research Assistant name:

Date:

**BONE SCANS**

- DXA scan
- PQCT

Y	N
Y	N

Operator name:

Date:

**COLLECTION OF SPECIMENS**

- Urine 1
- ROUTINE BLOOD SAMPLE

Y	N
Y	N

Lab Assistant's name:

Date:

**PUBERTAL ASSESSMENT and SELF COMPLETION**

- Pubertal assessment Questionnaire
- Self completion Questionnaire

Y	N
Y	N
	<small>N</small>

Research Assistant name:

Date:

**BONE AGE X-RAY**

Y	N
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Quality checked by:

Date:

**NOTES**

