



*University of the Witwatersrand
Department of Paediatrics and Child Health*

**BIRTH TO TWENTY BARA SITE: 17TH YEAR
ADOLESCENT HEALTH SERVICES QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

Consent Table

Components	Yes	No
Adolescent Questionnaire		
Food Frequency Questionnaire		
Measurements		
Pubertal Assessment Questionnaire		
DXA scan		
Fracture Questionnaire		
OGTT		
VCT		

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

Name: _____

Relationship: _____

Landline number: _____

Cell number: _____

Work number: _____

Other: _____

Email: _____

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, measures of growth, a DXA scan, Oral Glucose Tolerance tests, eating habits 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.

Adolescent: _____ **Research Assistant :** _____

Date: ____/____/____

The FIRST section of the questionnaire we are going to talk about...

EATING HABITS AND PRACTICES

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 or/ wrong 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 | <input type="checkbox"/> |
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 | <input type="checkbox"/> |

SECTION B: Fast foods

1. How often during the **past week** (past 7 days) did you eat 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+ 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/Oros</i>						
Diet drinks						
Other:						

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

0 x per week	1x per week	2x per week	3x per week	4x 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
(if applicable)**

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

3. Which foods do you often have in your lunch box? **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 (hot)			
Crisps			
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 / snacks at school? **Mark one only**

Yes	No	Sometimes
1	2	3

6. How much money do you usually get to spend at school per week on food?
Mark one only

Transport	No money	Lunch	No money	1
	R10 or less		R10 or less	2
	R20 or less		R20 or less	3
	More than R20		More than R20	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						
Crisps						
Pap and Meat or chicken						
Chips (hot)						
Pie / sausage roll / samoosa						
Vetkoek						
Cold drink						
Diet cold drinks						
Fruit juice						
Milk or sour milk						
Yoghurt						
Cheese						
Sweets or chocolates						
Cakes/ donuts/ éclairs						
Hot dogs						
Hamburger (beef or chicken)						
Popcorn						
Peanuts/nuts						
Other:						

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 (past seven days)? 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 (eating by yourself) 1
- Dining room at a table (eating with other family members) 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
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I am now going to ask you the General Health Questionnaire (GHQ 28)

We would like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by ticking the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

Have you recently,

A1	Been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2	Been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	Been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	Been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual

Have you recently,

B1	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	Had difficulty in staying asleep once you are fall off "to sleep"?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	Been getting edgy and bad tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual

B5	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	Been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

Have you recently,

C1	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2	Been taking longer to do the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3	Felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4	Been satisfied with the way you've carried out your task?	More satisfied	About the same as usual	Less satisfied than usual	Much less satisfied
C5	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less so than usual	Much less useful
C6	Felt capable of making decisions about things?	More so than usual	Same as usual	Rather less than usual	Much less capable
C7	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Rather less than usual	Much less than usual

Have you recently,

D1	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	Thought of the possibility that you might "make away" with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5	Found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	Found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have

VCT (PRE-TEST COUNSELLING)

Y	N
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Research Assistant name:

Date:

VCT (POST-TEST COUNSELLING)

Y	N
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Research Assistant name:

Date:

MEASUREMENTS

Y	N
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Research Assistant name:

Date:

PUBERTAL ASSESSMENT

Y	N
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Research Assistant name:

Date:

FOOD FREQUENCY QUESTIONNAIRE

Y	N
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Research Assistant name:

Date:

DXA SCAN Whole body and lumbar spine scan

Y	N
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Research Assistant name:

Date:

FRACTURE QUESTIONNAIRE

Y	N
---	---

Research Assistant name:

Date:

OGTT (FASTING BLOOD SAMPLE)

Y	N
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Nursing sister name:

Date:

Quality checked by:

Date:

REFERRAL LOG SHEET

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

Office use

Case dispatched to Clinical Cohort Service?	Yes	No
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Notes: