



University of the Witwatersrand, Johannesburg
 Developmental Pathways for Health Research Unit
 Department of Paediatrics and Child Health

**BIRTH TO TWENTY PLUS - YOUNG ADULT SURVEY
 CORE QUESTIONNAIRE - 2012**

DATE: Day Month Year

BTT ID NUMBER:

BONE ID NUMBER:

Consent Table (Initial the appropriate column)

Components	Yes	No
Core Questionnaire		
Medical & Pregnancy History Questionnaire		
Food Frequency Questionnaire		
Self-Complete Questionnaire		
Residential Moves Questionnaire		
Schooling History Questionnaire		
Anthropometric Measurements		
DXA		
Ultra Sound		
Routine Blood Samples		
DNA Collection		
HIV Rapid Test		

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

Name: _____

Relationship: _____

Landline number: _____

Cell number: _____

Work number: _____

Other: _____

Address: _____

HISTORICAL BIOLOGICAL SAMPLE & DNA CONSENT

The information around the blood and DNA samples taken from me in the past is clear and that the purpose is for me to inform the study what they can or cannot do with these samples.

I acknowledge that all procedure/tests on the stored blood and DNA samples have been approved by the Human Research Ethics Committee of the University of the Witwatersrand.

YES NO

I am in agreement that my DNA may be stored and used for the purposes described above.

YES NO

I am in agreement that the data generated from my DNA may be made available as stated above.

YES NO

I agree that a small bit of my DNA may be sent out of the country if the research cannot easily be done in South Africa.

YES NO

I understand that every time a new study is done on my DNA, permission will be obtained from the ethics committee for the study to make sure that it is used only for the purposes stated above.

YES NO

I understand that I will not benefit directly from the research done on my DNA.

YES NO

I understand that I may withdraw from the study at any time.

YES NO

PARTICIPANT/S:

Printed Name
Date and Time

Signature/Mark or Thumbprint

RESEARCH ASSISTANT:

Printed name
Date and Time

Signature/Mark or Thumbprint

WITNESS:

Printed Name
Date and Time

Signature/Mark or Thumbprint

PARTICIPATION IN BIRTH TO TWENTY PLUS CONSENT

I agree to myself being a participant in Birth to Twenty Plus study

The goals and methods of the study are clear to me.

I understand that the study will involve interviews. All the details and purposes of this study have been explained to me. I understand that I have the right to refuse to participate in the study.

I agree to participation in Birth to Twenty Plus study on 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 University of the Witwatersrand Human Ethics committee has approved the study protocol and procedures.

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

5. Only group results, and not my individual results, will be published in scientific journals and in the media.

6. The study 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.

PARTICIPANT:

Printed Name	Signature / Mark or Thumbprint	Date and Time
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RESEARCH ASSISTANT:

Printed Name	Signature	Date and Time
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SURVEY CONSENT

I agree to myself being a participant in the study

The goals and methods of the study are clear to me.

I understand that the study will involve interviews. All the details and purposes of this study have been explained to me. I understand that I have the right to refuse to participate in the study.

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 University of the Witwatersrand Human Ethics committee has approved the study protocol and procedures.

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

5. Only group results, and not my individual results, will be published in scientific journals and in the media.

6. The study 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.

PARTICIPANT

Printed Name	Signature / Mark or Thumbprint	Date and Time
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RESEARCH ASSISTANT:

Printed Name	Signature	Date and Time
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SECTION 1: Education, Employment and Job Search

Education

The first few questions ask about your experiences with schooling and education.

1. Have you successfully completed grade 12 (passed matric, obtained matric certificate?)

Yes (Skip to Q4)	No
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2. If no, what is your highest grade successfully completed? (tick one)

Grade 5 or lower	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11

3. Are you **currently** enrolled full time at high school?

Yes (Skip to Q6)	No
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4. Are you **currently** doing any studies, or registered with any educational institution (including training through employment or correspondence)?

Yes, full time (Skip to Q6)	Yes, part time (Skip to Q6)	No
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5. If no, please tell us the main reason that you are not **currently** registered?
(Do NOT read out options; tick one only)

Reason	Tick one	Code
Financial constraints		1
Family responsibilities (i.e. Pregnant or Looking after children/family/relatives)		2
Completed educational goals		3
Employed		4
Taking a planned break from my studies		5
Results not good enough		6
Other (specify)		7

6. During the past six months, have you been doing any studies, or attempted to enrol for any studies?

Yes (Answer the questions below)	No (Skip to Q7)
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Has the following happened to you in the past 6 months? (**answer all questions**)

	Yes	No
a) You failed a course		
b) You had conflict with school/university/college officials		
c) You dropped out of your training programme		
d) You had financial problems paying for school, college, university, or your training programme		

If you are still in formal full time schooling, skip to the next section (Employment)

7. Since leaving formal full time schooling, have you ever done any studies or been registered with any educational institution (including any training through employment and correspondence)?

Yes	No (skip to employment section)
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8. Please complete the table below for any studies other than full time high school. Please include the 5 most recent courses. Start with the current/most recent course, and then move to older courses.

	A	B	C	D	E	F		G	H	I	J	K
	Institution Name	Institution Type (USE KEY)	Location of Campus (Suburb, province)	Course Name	Qualification (USE KEY)	Is the course full time or part time? (As defined by the institution)		When did you start the course? (Month & Year)	What is the duration of the course? (USE KEY)	Are you still enrolled in this course? (USE KEY)	How is the course funded? (USE KEY & GIVE ALL THAT APPLY)	What was the main reason for your choice of study? (USE KEY)
1						FT	PT					
2						FT	PT					
3						FT	PT					
4						FT	PT					
5						FT	PT					

	Notes
1	
2	
3	
4	
5	

Occupation/ Employment/ Income

1. Have you **ever** had a job? By job we mean any work done to earn money or to gain skills. This includes casual/informal work & volunteer work.

Yes	No (Skip to Q3)
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2. Do you currently have a job? By job we mean any work done to earn money or to gain skills. This includes casual/informal work & volunteer work.

Yes (Skip to Q5)	No
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3. Are you currently looking for a job?

Yes (Skip to Q5)	No
------------------	----

4. If no, what is the main reason? (tick **one**)

Reason	Tick one	Code
I am at school / studying		1
I am too busy or don't have time		2
Family responsibilities (i.e. Pregnant or Looking after children/family/relatives)		3
I don't need money		4
I am not skilled or experienced enough/ my level of education is not high enough		5
It's too expensive to look		6
I am sick / disabled		7
Other (specify)		8

5. Have you been unemployed and seeking work for a month or more during the past 6 months?

Yes	No
-----	----

6. Have you had any job during the past 6 months?

Yes (Answer questions below)	No (Skip to Q7)
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Has the following happened to you in the past 6 months? (**Answer all questions**)

	Yes	No
a. You have had trouble or disagreements with your boss, supervisor or fellow workers		
b. You felt your work environment was abusive		
c. You were fired		

7. If you have ever had a job, complete the Table in relation to your five most recent jobs, including any current work. By job we mean any work done to earn money or gain skills, including casual, informal and volunteer work, as well as internships and learnerships. Start with any current work, and move backwards.

	A	B	C	D		E	F	G		H			I		
	Job (describe in one or two words)	How did you get the job? (USE CODE BELOW)	When did you start this job? (Month & Year)	Are you still doing this job?		If no, when did you last do this job? (Month & Year)	Who is/was your employer? (USE CODE BELOW)	Are/were you being paid for the work?		Is the job full time, part time, or occasional?			Is the job permanent, on contract or casual?		
1				Y	N			Y	N	FT	PT	OC	Perm	Cont	Cas
2				Y	N			Y	N	FT	PT	OC	Perm	Cont	Cas
3				Y	N			Y	N	FT	PT	OC	Perm	Cont	Cas
4				Y	N			Y	N	FT	PT	OC	Perm	Cont	Cas
5				Y	N			Y	N	FT	PT	OC	Perm	Cont	Cas

	Notes
1	
2	
3	
4	
5	

Preparedness for independence

1. Do you **currently** have the following? (answer all questions)

	Item	Yes	No
a.	Birth certificate		
b.	ID book		
c.	Learner's license		
d.	Driver's license		
e.	Bank or savings account		
f.	Credit card account		
g.	Proof of address in your own name (utility bill, telephone account, bank account, affidavit)		
h.	Passport		
i.	CV		
j.	Your own number where you can always be contacted on (cell phone)?		
k.	Your own email address that you are able to check regularly		
l.	Someone to act as a reference (not a family member)		
m.	A reference letter or testimonial from school or an employer		
n.	Formal insurance policies in your name (eg: life/car/home/disability/funeral)		
o.	Contributions you are making to a formal savings scheme		
p.	Medical aid that covers you		
q.	Informal insurance or savings eg: stokvel, community savings scheme, funeral scheme		
r.	Grants that come to you (eg. child support, disability)		

2. Have you ever used the following? (answer all questions)

	Computer and cell phone experience	Computer		Cell phone	
a.	The internet	Y	N	Y	N
b.	Email	Y	N	Y	N
c.	Facebook/ Twitter	Y	N	Y	N
d.	Microsoft Windows	Y	N	Y	N
e.	Microsoft Word	Y	N	Y	N
f.	Microsoft Excel	Y	N	Y	N
g.	Mxit/ WhatsApp/BBM			Y	N
h.	Instant messenger (Yahoo chat, MSN chat, Google chat)	Y	N	Y	N

Financial support

We are interested in asking about the individual for this section – not the household.

1. What has been your main source of financial support (over the past 12 months)? (**don't read out list; tick one**)

Financial support	Tick one	Code
Self generated (from employment or scholarship/bursary)		1
Family member or friend (parent, grandparent, sibling, boyfriend/girlfriend/ partner)		2
Grant in your own right (child support, disability)		3
Own loans		4
Other (specify)		5

2. Do you have any debts? (answer all questions)

	Debts	Yes	No
a.	Money owed to banks or financial institutions (legal and documented loans)		
b.	Money owed to money lenders (loan sharks, community money-lenders)		
c.	Money owed to family or friends		
d.	Money owed to shops/ private companies/ municipality/hospitals/unpaid bills/accounts/ store accounts (eg Jet or Edgars)		

3. Who has usually paid for the following expenses for **you** over the past 12 months: (answer all questions)

	Expense	Who pays? USE CODES BELOW
a.	Food	
b.	Transport	
c.	Housing & utilities	
d.	Education	
e.	Clothing	
f.	Medical expenses	
g.	Cell phone air time or contract	

Code	
1	I pay for this with my own funds
2	Family members pay for this
3	Partner pays for this
4	Someone else pays for this: specify
NA	Not applicable

4. **Cellphones:**

a. Do you currently have a cellphone?

Yes	No
-----	----

b. If yes, was this phone provided to you by Birth to Twenty?

Yes	No
-----	----

i. If not, what phone do you have now?

Make: _____ Model: _____

c. Is your phone

On contract	Pay as you go
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d. If your phone is on contract, what is the cost per month? _____

e. If your phone is pay as you go, what amount was the last airtime voucher you bought? _____

Households

The following set of questions refers to your current living arrangements, at the place where you spent most nights in the past 3 months.

Note: if participant lives in a university/employment residence, the following questions refer only to their room or apartment *in* the residence.

1. Do you live alone? By alone, we mean that you either stay on your own in your home, or that you stay in a hostel/residence or do not share your room/apartment with anybody.

Yes (skip to Q4)	No
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2. If no, how many people (**including yourself**) live in your current home (have stayed most nights in your home over the past 3 months)?

3. Can you list the **other** people who have stayed most nights in your home over the past 3 months (**Do not include yourself**)

	Relationship to yourself (USE CODES BELOW)	Age	Sex (M/F)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			

Relationship Codes:

1=parent

2=grandparent

3=your own child

4=sibling

5=other relative (including other children, in laws, etc)

6=spouse/partner

7=friend

8=housemate/flatmate/roommate

9=other: specify

4. What is your current marital status? (tick one)

Marital Status	Tick one	Code
Single		1
Not married and not living together but in a committed relationship/partnership		2
Not married but living together		3
Married (including traditional or customary)		4
Divorced or separated		5
Widow/widower		6

5. How would you describe the home you are living in? (tick one)

Home type	Tick one	Code
Shack/Zozo		1
Flat/Cottage		2
House		3
Room/Garage		4
Residence (attached to education or employment)		5
Hostel		6
Other		7

6. How many rooms **for sleeping** are there in your current home?

Include outside rooms if they are used by household members, but not if rented out. Include any rooms that are used for sleeping, even kitchens, lounges etc.

7. How would you describe your access to the following facilities?
 (Please tick only the box for the best available access for each facility)

Water Facility	Tick One	Code
Indoor water (sole use for your household only)		1
Indoor water (shared between multiple households)		2
Outdoor water (sole use for your household only)		3
Outdoor water (shared between multiple households)		4

Toilet Facility	Tick One	Code
Indoor toilet (sole use for your household only)		1
Indoor toilet (shared between multiple households)		2
Outdoor toilet (sole use for your household only)		3
Outdoor toilet (shared between multiple households)		4

8. Which of the following do you have in your current home (place where you spent most nights in the past three months)? It does not matter who owns/pays for these things. (answer all questions)

	Item	In current home	
		Yes	No
a.	Electricity		
b.	Motor vehicle		
c.	Fridge		
d.	Microwave		
e.	Washing machine		
f.	Landline telephone		
g.	Cell phone		
h.	Television		
i.	Radio		
j.	Video machine/DVD player		
k.	MNet/DSTV/Satellite		
l.	Computer/laptop		
m.	Internet access		

9. How safe do you feel **walking around** in your neighbourhood (the area about 20 minutes walk from your home) during the day and at night?

Response	During the day (tick one)	During the night (tick one)	Code
Very unsafe			1
Unsafe			2
Safe			3
Very safe			4

10. In your opinion, how much crime is there in your neighborhood (the area about 20 minutes walk from your home)?

Response	Tick one	Code
A lot		1
Some		2
Not much		3
None		4

11. Do you belong to any of the following: (answer all questions)

	Item	Yes	No
a.	A political party		
b.	A church or religious group		
c.	A union		
d.	A charitable or community organization		
f.	Other (specify)		

SECTION 2: GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE
(Modified STEPs Core data set)

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. This includes ‘**vigorous intensity**’ activities that cause large increases in breathing or heart rate such that you would not be able to hold a conversation with someone, as well as ‘**moderate-intensity**’ activities which are activities that require moderate physical effort and cause small increases in breathing or heart rate, and during which you are able to talk to someone. Please answer these questions even if you do not consider yourself to be a physically active person.

Activity at work			
	Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, childcare, or seeking employment.		
1	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>carrying or lifting heavy loads, digging or construction work</i> for at least 10 minutes continuously? (USE SHOWCARDS)	YES 1 NO 2	—>4
2	In a typical week , how many days do you do vigorous-intensity activities as part of your work?	DAYS_-----	
3	How much time do you spend doing vigorous-intensity activities at work on a typical day?	HOURS_____ MINUTES_____	
4	Does your work involve moderate-intensity activities that cause small increases in breathing or heart rate such as brisk walking or <i>carrying light loads</i> for at least 10 minutes continuously? (USE SHOWCARDS)	YES 1 NO 2	—>7
5	In a TYPICAL week , how many days do you do moderate-intensity activities as part of your work?	DAYS_-----	
6	How much time do you spend doing moderate-intensity activities at work on a typical day?	HOURS_____ MINUTES_____	
Travel to and from places			
	The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, or to church.		
7	Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	YES 1 NO 2	—>10
8	In a typical week , how many days do you walk or bicycle for at least 10 minutes to get to and from places?	DAYS_-----	
9	How much time do you spend walking or bicycling for travel on a typical day?	HOURS_____ MINUTES_____	

Recreational activities			
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure).			
10	Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like <i>running</i> or <i>soccer</i> , for at least 10 minutes continuously? (USE SHOWCARD)	YES1 NO2	—> 13
11	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	DAYS_-----	
12	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	HOURS_____MINUTES_____	
13	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball, or dancing, for at least 10 minutes continuously? (USE SHOWCARDS)	YES1 NO2	> skip 14 & 15
14	In a typical week, on how many days do you do moderate-intensity sports, fitness, or recreational (<i>leisure</i>) activities?	DAYS_-----	
15	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	HOURS_____MINUTES_____	
Sedentary behaviour			
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, sitting with friends, travelling in a car, bus, train or taxi, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARDS)			
16	How much time do you usually spend sitting or reclining on a typical day?	HOURS_____MINUTES_____	

SECTION 3: Life Events

A. General Events

Please tick all appropriate events that have happened to you within the past 6 months

- a. During the last 6 months, has any household member (including you) been injured as a result of violence in the areas where you live or work?

Yes=1	No=0
-------	------
- b. During the last 6 months, has any household member (including you) been a victim of a violent crime (e.g. murder, robbery, mugging, assault, rape)?

Yes=1	No=0
-------	------
- c. During the last 6 months, did you witness a violent crime (e.g. murder, robbery, mugging, assault, rape)?

Yes=1	No=0
-------	------
- d. During the last 6 months, have you or anyone in your close family been seriously ill?

Yes=1	No=0
-------	------
- e. During the last 6 months, did any member of your close family pass away?

Yes=1	No=0
-------	------
- f. Is there anyone in your close family (including you) with a serious disability (for example, epilepsy, mental retardation, deafness, blindness, mental illness)?

Yes=1	No=0
-------	------
- g. Is there anyone in your close family (including you) that has a problem with drugs or alcohol?

Yes=1	No=0
-------	------
- h. During the last 6 months, have you had any serious fight or alienation from members of your family or your close neighbours?

Yes=1	No=0
-------	------
- i. During the last 6 months, have you or any member of your close family been arrested, had to go to court, or consulted a lawyer on a non-routine matter?

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

B. Relationship with a partner

Are you or were you in a relationship during the past 6 months?

Yes	No
-----	----

If No, skip to C (children)

If Yes, answer the following

Has the following happened to you in the past 6 months?

	Yes	No
1. You entered into a serious relationship		
2. You moved in with your partner, became engaged, or got married		
3. You had a break-up with your partner or got divorced		
4. You or your partner have been unfaithful		
5. Your partner went to jail/prison		
6. Your partner has been in poor health because of illness or an accident		
7. Your partner has hit or beaten you		
8. You experienced the death of a partner		

C: Children

Have you **ever** had a child?

Yes	No
-----	----

Have you/your partner been pregnant in the past 6 months?

Yes	No
-----	----

If No to both questions, skip to D (Early life stress)

If Yes to either question, answer the following:

Is your child/pregnancy registered with 3G?

Yes	No
-----	----

Has the following happened to you?

In the past 6 months:	Yes	No
1. You found out that you/your partner was pregnant		
2. You/your partner had a stillbirth		
3. You/your partner had an abortion or miscarriage		
4. You/your partner had a baby		
5. You/your partner had your first child		
6. You adopted, fostered, or took on support of a child		
7. You have had a custody battle with a former partner		
8. Your child passed away		
Ever:		
9. Was your child born with a disability or has your child had an illness or an accident at any time in their life that resulted in a disability?		

D: Early life stress

These questions refer to when you were growing up (before 18 years of age).

	Yes	No
1. Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?		
2. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?		
3. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
4. Were your parents ever separated or divorced? (If the young adult's parents' were never together, please write "NOT APPLICABLE")		
5. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit at least a few minutes or threatened with a gun or knife?		
6. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
7. Was a household member depressed or mentally ill, or did a household member attempt suicide?		
8. Did a household member go to prison?		
9. Was there anyone in your household who was chronically ill when you were a child?		
10. Was one or more of your parents/caregivers mostly unemployed during your childhood because they could not get a job?		
11. Did either of your parents/caregivers pass away before you turned 18?		

E. Social Support Questionnaire:

The following questions ask about people in your environment who provide you with help or support. For each question, list all the people you know

(initials **or** first name **or** relationship **only**), excluding yourself, who you can count on for help or support in the manner described. If you have no support for a question, select the “no-one” option.

1. Who can you really count on to be dependable when you need help?

	1)	4)	7)
No-one	2)	5)	8)
	3)	6)	9)

2. Who can you really count on to help you feel more relaxed when you are under pressure or tense?

	1)	4)	7)
No-one	2)	5)	8)
	3)	6)	9)

3. Who accepts you totally, including both your worst and your best points?

	1)	4)	7)
No-one	2)	5)	8)
	3)	6)	9)

4. Who can you really count on to care about you, regardless of what is happening to you?

	1)	4)	7)
No-one	2)	5)	8)
	3)	6)	9)

5. Who can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

	1)	4)	7)
No-one	2)	5)	8)
	3)	6)	9)

6. Who can you count on to console you when you are very upset?

	1)	4)	7)
No-one	2)	5)	8)
	3)	6)	9)

[SECTION 4: Body Image](#)

WEIGHT CHANGE ATTEMPTS

1. Have you tried to **lose weight** during the past year?

Yes	No
-----	----

2. If yes, what was the **most important** reason (**mark only one**)?

Reason	Tick one	Code
It is healthy		1
I want to look better		2
My clothes were too tight		3
I am too fat compared to my friends		4
I am unhappy with myself		5
I have a dreams of being a model or movie/TV star		6
Any other reason, specify		7

3. If you did try to **lose weight**, describe all the methods you have tried. Include any information on diet, exercise, pills or anything else that you have tried.

Method	Tick all that apply	Code
Dieting		1
Exercising		2
Pills		3
Any other method, specify		4

4. Did you try to **build more muscles** or grow bigger during the past year?

Yes	No
-----	----

5. If yes, what was the most important reason (mark only one)?

Reason	Tick one	Code
It is healthy		1
I want to look better		2
I have too little muscles compared to my friends		3
I am unhappy with myself		4
I have a dream of being a model or movie/TV star		5
Any other reason, specify		6

6. If you did **try to build more muscles**, describe all the methods you have tried. Include any information on diet, exercise, pills or anything else that you have tried.

Method	Tick all that apply	Code
Dieting		1
Exercising		2
Pills		3
Any other method, specify		4

Body image assessment

[USE BODY SILHOUTTE CARDS – PLEASE ENSURE THAT THEY ARE SHUFFLED BEFORE GIVEN TO THE YOUNG ADULT]

1. Please look at the following female silhouettes and choose the figure that you think...
(Females & Males)

a	Looks the best	
b	Looks the worst	
c	Is clumsy	
d	Has more respect from others	
e	Has less respect from others	
f	Is the strongest	
g	Is the weakest	
h	Is the happiest	
i	Is the most unhappy	

2. Choose the figure that...
(Females only)

a	Looks like you	
b	You would want to look like	
c	Your family will want you to look like	
d	Your friends will want you to look like	

3. Between figure **1** or **9**, which would you rather look like?
(Females only)

1	9
----------	----------

4. Between figure **1** or **9**, which would you rather have as your girlfriend?
(Males only)

1	9
----------	----------

EATING ATTITUDES TEST

	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</i> pap						
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						

SECTION 5: General Health

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 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-out 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 as usual	Less well than usual	Much less well than usual
C4	Been satisfied with the way you've carried out your tasks?	More satisfied than usual	About the same as usual	Less satisfied than usual	Much less than usual
C5	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less so than usual	Much less than usual
C6	Felt capable of making decisions about things?	More so than usual	Same as usual	Rather less than usual	Much less than usual
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

Section 6: Health Services Access

1. Have you had any illness or condition in the last 12 months?

Yes		Go to Q2
No		Conclude questionnaire
Don't Know		

2. Please state these illnesses or conditions and where you sought treatment for them

Illness	Place of treatment (Use codes below)
1)	
2)	
3)	
4)	

Coding

1: Self treatment	2: Private Doctor (General Practitioner)
3: Government Clinic	4: Government Hospital
5: Private Clinic	6: Private Hospital
7: Chemist/Pharmacist	8: Faith Healer
9: Sangoma/Traditional Healer	10: Other (specify)

SKIP Question 3 if the participant used a clinic, hospital or doctor for all illnesses/conditions.

3. Why did you not use a **clinic, hospital or doctor** to treat your illness? Write NA for illnesses/conditions for which the patient did use a clinic, hospital or doctor.

1.
2.
3.
4.

Research Assistant:

Date:

SECTION 7: MEASUREMENTS

ANTHROPOMETRY

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

			•	

BLOOD PRESSURE

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

		h

Research Assistant:

Date:

FLEXIGRIP

- NON-DOMINANT HAND:

OR

		•				•				•	
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COLLECTION OF SPECIMENS

- ROUTINE BLOOD SAMPLE (Fasting)

Y	N
---	---

Research Nurse:

Date:

BONE SCANS

DXA Scans

Y	N
---	---

Operator:

Date:

ULTRASOUND

Y	N
---	---

Operator:

Date:

FFQ:

Y	N
---	---

Research Assistant:

Date:

SELF COMPLETE Q:

Y	N
---	---

RA:

Date:

QUALITY CHECKED BY:

DATE:

Notes: