



**BIRTH TO TWENTY
FOUR YEAR QUESTIONNAIRE**

DATE: Day Month Year

BTT ID NUMBER:

BONE STUDY ID NUMBER:

BTT CHILD'S NAME(S): _____

SURNAME: _____

MOTHER'S NAME: _____

SURNAME: _____

INTERVIEWER'S NAME: _____

RELATIONSHIP TO THE CHILD:

1(a) Are you the mother of the BTT child? Yes = 1 No = 0

IF YOU ARE NOT THE MOTHER:

(b) What is your relationship to the child? _____

ALL THE FOLLOWING QUESTIONS SHOULD ONLY BE ANSWERED BY THE MOTHER OF THE BIRTH TO TWENTY CHILD

2. Mother's date of birth: _____ / _____ / 19_____

DAY CARE:

3. Where does the child spend **most of the day** during the **week**?

Home	1	Childminder	3
Relatives	2	Crèche	4
Neighbour or friend			5

4. Who looks after the child **most of the time**?

Mother	1	Childminder	3
Adult relative	2	Crèche staff	4
Neighbour or friend			5

5(a) Does another **child** ever look after the BTT child?

Yes = 1	No = 0
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COMPLETE 5 (b) to 5 (f) ONLY IF THE ANSWER TO 5 (a) IS YES

(b) How old is this child _____ years?

(c) How often does she/he take care of the BTT child?
(e.g. every day, on Sundays etc.)

(d) For how many **hours per day** does she/he usually care for the BTT child?

(e) **Where** does this caring usually take place

(f) **How many** other children are cared for at the same time by this youngster?

**COMPLETE 6(a) to 6(k) ONLY IF THE CHILD IS IN DAYCARE
(i.e. not cared for by the mother)**

6(a) If the BTT child is in **daycare** what kind?

Creche: formal	1	playground	2
Backyard crèche/garage	3	Child minder	4
Other			5

(b) What made you decide to choose this kind of care for your child?

(c) How much do you **pay per month** (in Rand) for this care? R _____

(d) How many **hours per day** is the child in their care?

5 hours or less	1	8 hours or less	2	More than 8 hours	3
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(e) Does your child ever spend part of or the whole night at the crèche or childminder?

Yes = 1	No = 0
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(f) About how many other children are at the childminder or crèche?

5 or less	1	6 to 10	2
11 to 20	3	More than 20	4

(g) How many staff members are taking care of the children? _____

(h) Does the child have **breakfast** there?

Yes = 1	No = 0
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If **YES**:

Is the **breakfast** supplied by the crèche?

Yes = 1	No = 0
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(i) Does the child have **lunch** there?

Yes = 1	No = 0
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If **YES**:

Is the **lunch** supplied by the crèche?

Yes = 1	No = 0
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(j) What are the biggest **advantages** of having your child in this daycare setting?

(k) What are the biggest **disadvantages** of having your child in this daycare setting?

7. Does someone regularly supervise (help, check on) the child's **evening meal**?

Yes = 1	No = 0
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If **YES**: Who in general supervises?

Mother = 1	Other adult = 2	Other child = 3
Mother and other adults = 4		

8. Does someone regularly supervise the child's **washing** (bathing, face washing etc)?

Yes = 1	No = 0
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If **YES**: Who in general supervises?

Mother = 1	Other adult = 2	Other child = 3
Mother and other adults = 4		

9. Does someone regularly supervise the child cleaning her / his **teeth**?

Yes = 1	No = 0
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If **YES**: Who in general supervises?

Mother = 1	Other adult = 2	Other child = 3
Mother and other adults = 4		

10. Does someone regularly supervise the child's **dressings**, what to wear etc?

Yes = 1	No = 0
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If **YES**: Who in general supervises?

Mother = 1	Other adult = 2	Other child = 3
Mother and other adults = 4		

SOCIALIZATION AGENDA:

11. What do you think are the most important things a child of four years needs to learn?

12. What do you think is the **best way** to teach a 4- year- old these things?

13. Who do you think is **mainly** responsible for teaching children these things?

14. What behaviours do you find you have to punish your child for?

15. How do you punish your child **most often**?

Physical punishment or smacking	1
Scold or shout	2
Deprive them of something	3
Remove them from the situation	4
Other _____	5

16. How often do you find you have to punish your child? _____ times per week

17. If you smack the child, what do you smack him or her with?

Hand	1	Shoe, belt, strap, stick	2	Other	3
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Other _____

18. What do you do or say when your child **hits another** child?

19. What do you do or say if your child **gets** hit by another child?

20. Does the child see people in the house regularly **argue**?

Yes = 1	No = 0
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21. Does the child see people in the house regularly **fight**, including hit each other?

Yes = 1	No = 0
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22. Does anyone in the household regularly bring home a **newspaper**?

Regularly	1	Sometimes	2	Almost never	3
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23. How many **books** apart from school books do you have at home?

None	1	Less than 10	2	11 to 50	3	More than 50	4
------	---	--------------	---	----------	---	--------------	---

24. Does anyone in the house **read to the child**?

Regularly	1	Sometimes	2	Almost never	3
-----------	---	-----------	---	--------------	---

What sort of books? _____

25. Does anyone in the house ever tell the child stories?

Regularly	1	Sometimes	2	Almost never	3
-----------	---	-----------	---	--------------	---

What kinds of stories? _____

26. Does anyone in the house encourage the child to try and **write or colour in**?

Regularly	1	Sometimes	2	Almost never	3
-----------	---	-----------	---	--------------	---

27. How far will you try and send your child in **education**?

Tertiary	1	Secondary	2	Primary	3	Can't say	4
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INTERVIEWER: ASK THE CHILD

28. What is school, What do children do at school?

DEVELOPMENTAL LEVEL:

I'm going to ask you some specific questions about what you have noticed your child being able to do and what he / she can not yet do. Can your child or is your child able to:

Mark the answer YES, NO or NOP = NO OPPORTUNITY, which means either the child does not have the facilities necessary to demonstrate the item, or the caregiver or accompanying person has not had the opportunity to observe if the child is able to perform the item or not.

29. Ask or tell when he / she wants to go to the toilet?

Yes = 1	No = 2	NOP = 3
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30. Play by him/herself without someone looking after them, at least for short periods of time?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

31. **Take off** a jacket, jersey or dress without help except for the buttons or zip?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

32. Eat food with an implement – like a spoon or fork?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

34. **Dry** his / her hands without help?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

35. Avoid simple dangers, like not touching hot things, sharp knives, electrical plugs etc.?

Yes = 1	No = 2	NOP = 3
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36. **Put on** a jacket or dress without help except for the buttons or zip?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

37. Use a pair of scissors for cutting under supervision?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

38. Tell you about things that have happened to him/her or tell you simple stories?

Yes = 1	No = 2	NOP = 3
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39. Walk down the stairs with one foot on each step?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

40. Play or do things with other children of the same age like sing a song or play a “pretend” game?

Yes = 1	No = 2	NOP = 3
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41. Open and close the buttons on his / her clothes?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

42. Help with little things around the house, like run errands, pick up things, clear the table?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

43. “Perform” for people (show off) like doing stunts, singing, saying rhymes?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

44. **Wash** his / her hands without help?

Yes = 1	No = 2	NOP = 3
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45. Go to the toilet by him / herself (remove clothes, wipe, and clean)?

Yes = 1	No = 2	NOP = 3
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46. Wash his / her face without help?

Yes = 1	No = 2	NOP = 3
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47. Go up and down the street to nearby neighbours by him / herself?

Yes = 1	No = 2	NOP = 3
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48. Generally dress him / herself except for difficult fasteners or ties?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

49. Use a pencil or crayon for drawing?

Yes = 1	No = 2	NOP = 3
---------	--------	---------

50. Play competition exercise games, like “dassie”, hopscotch, skipping, marbles, spinning tops etc.?

Yes = 1	No = 2	NOP = 3
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PRESCHOOL SOCIAL AND EMOTIONAL ADJUSTMENT:

I d like to ask you about your child’s behaviour. Please respond for the following behaviours with a YES, NO or SOMETIMES.

Does your child or is your child ...

51. Wet the bed at night?

Yes = 1	No = 2	Sometimes = 3
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52. Difficult to manage, throw temper tantrums, disobedient?

Yes = 1	No = 2	Sometimes = 3
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53. Cry, whine, moan and seem unhappy a lot of the time?

Yes = 1	No = 2	Sometimes = 3
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54. Daydream, get lost in his / her own thoughts?

Yes = 1	No = 2	Sometimes = 3
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55. Fearful, has specific fears (eg dark, dogs, insects)?

Yes = 1	No = 2	Sometimes = 3
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56. Eat poorly, have a poor appetite?

Yes = 1	No = 2	Sometimes = 3
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57. Seem clumsy, knock things over, walk into things, trip frequently?

Yes = 1	No = 2	Sometimes = 3
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58. Stutter?

Yes = 1	No = 2	Sometimes = 3
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59. Speak badly, immaturely for his / her age ?

Yes = 1	No = 2	Sometimes = 3
---------	--------	---------------

60. Have habits like nail biting, scratching, nose picking, thumb sucking, teeth grinding?

Yes = 1	No = 2	Sometimes = 3
---------	--------	---------------

61. Spend a lot of time alone, not get on well with other children?

Yes = 1	No = 2	Sometimes = 3
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62. Aggressive with or bullying other children?

Yes = 1	No = 2	Sometimes = 3
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63. Are there any things about your child's behaviour (that haven't been mentioned above) that bother you?

PREGNANCY HISTORY:

For Q64 to Q70:

Who is being interviewed? _____

Whose pregnancy history is reflected in this section? _____

64. How many times have you been **pregnant**? _____

(a) How many of your children were **born alive** (including the BTT child) _____

(a) Number of **stillbirths**? _____

(b) Number of **miscarriages** or **abortions**? _____

(c) Number of children who **died**? _____

65. Any **adopted** children? _____

66. If the child has siblings, what number is BTT child (e.g. 1st, 3rd, 7th)? _____

67. Are there any children younger than the BTT child?

Yes = 1	No = 0
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If **YES**: Specify dates of birth:

Child 1 ____/____/19 ____

Child 2 ____/____/19 ____

Child 3 ____/____/19 ____

68. Is BTT mother **pregnant** now?

Yes = 1	No = 0
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69. Did the mother use any **contraceptives** in the **past year**?

Yes = 1	No = 0
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If **NO**: has the mother been sterilized?

Yes = 1	No = 0
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If **YES**: which method is being used?

Pill	IUD	Injection	Condom	Other
1	2	3	4	5

If **OTHER**: Please list _____

70. Do you and your partner ever use a condom?

Always	1	Sometimes	2	Never	3
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HOUSEHOLD: (People generally sharing the same main meal)

71. How many **rooms** in the BTT child's home are used for sleeping? _____

72. How many people live in the BTT child's home?

Adults – 16 years and above	
Children – less than 16 years	

73. We would like you to list all the members of the house hold where the BTT child lives. Please give the age and the relationship of the adults and children to the BTT child?

Name & Surname	Age	Relationship to the BTT child
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		

74. Who is the **head** of this household? (Indicate the number above with a **cross**)

75. Who are the **major breadwinners** in the household? (indicate the numbers above with circles)

SOCIO-ECONOMIC INFORMATION:

76(a) Would you describe yourself as:

Unemployed	1	Earning money	2
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(b) If you describe yourself as **UNEMPLOYED:**

Are you a

Student	1	Pensioner	2
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(c) If you describe yourself as **EARNING MONEY:**

What is your occupation (type of work)? _____

77. What is your present **marital status**?

Single	1	Divorced or Separated	2
Married	3	Widowed	4

78. How would you describe your **home**?

Shack/Zozo	1	House	3	Shared house	5
Flat/Cottage	2	Hostel	4	Room/Garage	6

79. Which of the following do you have in your home at the present time?

Electricity	Yes	1	No	0
Television	Yes	1	No	0
Radio	Yes	1	No	0
Motor vehicle	Yes	1	No	0
Fridge	Yes	1	No	0
Washing machine	Yes	1	No	0
Telephone	Yes	1	No	0
Children's toys	Yes	1	No	0

MIGRATION HISTORY:

80. Where were you born? (please name the city, town or township)

81. Where were your parents born?

Mother _____

Father _____

82. Where did you spend the **first 5 years** of your life? _____

83. Where did you spend the **past 5 years** of your life? _____

84. If you are not originally from the Soweto/Johannesburg area **when** did you move here and **where** did you come from?

Date moved	Where from

85. Have you moved since the BTT child's birth?
(Including to a different area in the Soweto/Johannesburg area)

Yes =1	No = 0
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If **YES**: Could you please list the areas you were moving from and the areas you were moving to?

Place (e.g. suburb or town)	Reason	Date
From to		
From to		
From to		
From to		

86. Do you regularly visit/stay in a rural area?

Yes =1	No = 0
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If **YES**: How often do you go and what is your main reason for doing so?

Times per year	Name of the place	Duration (days)	Reason

87. Has the BTT child been living with you continuously since birth?

Yes =1	No = 0
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If **NOT**: With **whom** did the BTT child live. **Where** and **for how long**(months)?

With whom	Where	How long (months)

PERCEIVED LANGUAGE COMPETENCE:

88. What languages does **the mother** speak to the BTT child?

English	01	Xhosa	05	Portuguese	09
Afrikaans	02	Tswana	06	Venda	10
Zulu	03	Swazi	07	Pedi	11
Sotho	04	Tsonga	08	Ndebele	12
Other					

89. What is the **mother's** strongest language?

English	01	Xhosa	05	Portuguese	09
Afrikaans	02	Tswana	06	Venda	10
Zulu	03	Swazi	07	Pedi	11
Sotho	04	Tsonga	08	Ndebele	12
Other					

90. What languages does the **BTT child** speak **best**?

English	01	Xhosa	05	Portuguese	09
Afrikaans	02	Tswana	06	Venda	10
Zulu	03	Swazi	07	Pedi	11
Sotho	04	Tsonga	08	Ndebele	12
Other					

91. What **other** languages does the BTT child speak?

English	01	Xhosa	05	Portuguese	09
Afrikaans	02	Tswana	06	Venda	10
Zulu	03	Swazi	07	Pedi	11
Sotho	04	Tsonga	08	Ndebele	12
Other					

92. What languages does **the BTT child** speak to:

(a) His/her **mother**?

English	01	Xhosa	05	Portuguese	09
Afrikaans	02	Tswana	06	Venda	10
Zulu	03	Swazi	07	Pedi	11
Sotho	04	Tsonga	08	Ndebele	12
Other					

(b) His/her **other regular caregivers** e.g. relatives, childminder, crèche teacher etc?

Person	Language
1.	
2.	
3.	
4.	

(c) **Siblings?**

English	01	Xhosa	05	Portuguese	09
Afrikaans	02	Tswana	06	Venda	10
Zulu	03	Swazi	07	Pedi	11
Sotho	04	Tsonga	08	Ndebele	12
Other					

(d) **Other children** most often played with?

English	01	Xhosa	05	Portuguese	09
Afrikaans	02	Tswana	06	Venda	10
Zulu	03	Swazi	07	Pedi	11
Sotho	04	Tsonga	08	Ndebele	12
other					

93. What languages (**possible 3**) do members of the family use:

(a) For **chatting/socializing at home?** 1. _____
2. _____
3. _____

(b) With the **neighbours?** 1. _____
2. _____
3. _____

(c) In **church?** 1. _____
2. _____
3. _____

(d) For listening to the **radio?** 1. _____
2. _____
3. _____

(e) For **Bible** reading? 1. _____
2. _____
3. _____

(f) At **school?** 1. _____
2. _____
3. _____

(g) With **fellow workers**? 1. _____
2. _____
3. _____

(h) With **employers** or **supervisors**
at work 1. _____
2. _____
3. _____

MEDICAL CARE OF THE CHILD:

94. Do you have **medical aid** or medical insurance that includes the BTT child

Yes =1	No = 0
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SERIOUS MEDICAL OR DEVELOPMENTAL PROBLEMS:

95. Does the BTT child have, or has the child had, any **serious medical or developmental** problems?

Yes =1	No = 0
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If **YES:** Please list (a) the **problem**,
(b) the **type of treatment** and
(c) the **place** where the child is or has been treated.
(d) If you have a **clinic, outpatient or hospital record number** could we
have that and may we look the record up?

Problem 1 (a) _____
Treatment (b) _____
Place (c) _____
Record # (d) _____

Problem 2 (a) _____
Treatment (b) _____
Place (c) _____
Record # (d) _____

Problem 3 (a) _____
Treatment (b) _____
Place (c) _____
Record # (d) _____

COLDS OR CHEST ILLNESSES:

96. During the **past year**, how often has the child had **colds or chest illnesses**?

Not at all	1	Once or twice only	2
Frequently			3

COMPLETE 96(b) ONLY IF THE ANSWER TO 96(a) IS: ONCE OR TWICE OR FREQUENTLY DURING THE PAST YEAR

96(b) Has the BTT child been admitted to a hospital (as ward patient or in the sleepover) clinic or nursing home **because of a chest illness?**

Yes =1	No = 0
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If **YES:**

How many times? _____

1st For how long _____

time : What type of chest illness _____

What did the doctor say was wrong with the child?

2nd For how long _____

time : What type of chest illness _____

What did the doctor say was wrong with the child?

3rd For how long _____

time : What type of chest illness _____

What did the doctor say was wrong with the child?

WHEEZING:

97(a) Has the child ever suffered from a **wheezing** chest (now or in the past)?

Yes =1	No = 0
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COMPLETE 97(b) TO 97(d) ONLY IF 97(a) IS YES:

97(b) Age when **wheezing** first occurred _____ mnths

IF STOPPED: How old was the child? _____ mnths

IF IT DIDN'T STOP: what have you done about it?

(c) If treated, **where** _____ and
how many times per year? _____

(d) Are there family members who wheeze?

Yes =1	No = 0
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COUGHING:

98(a) Does the child suffer from a **persistent cough**?

Yes = 1	No = 0
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If **YES:**

(b) When is the **cough** worse?

At night	1	Seasonal	2	Erratic/no pattern	3
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GENERAL HEALTH OF THE CHILD:

99. Compared to other children of this child's age, would you say this child's health is

Good = 1	Fair = 2	Poor = 3
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If **POOR:** Please explain _____

WORMS:

100. Has your BTT child ever had worms?

Yes = 1	No = 0
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If **YES:** Describe the worms (size, shape and colour)

101. What type of treatment do you or would you give for worms?

INJURIES:

102. Has the BTT child been **seriously hurt** or **injured since birth**? (Do not include minor scrapes, cuts and bruises, but **do include** burns)

If **YES:**

Yes = 1	No = 0
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Inj 1 (a) What was the **type of injury**? _____

(b) How **old** was the child? _____ months

(c) What type of **treatment** did the child receive? _____

(d) **Where** was the child treated? _____

IF AT HOME: **what** was the treatment and **why** did you treat the child at home?

(e) If the child was taken to a clinic or hospital could we have the **record number**?

(f) Who was taking care of the child at the time of the injury and how old was that person?
Relationship to child _____ **Age** _____ yrs

Inj 2 (a) What was the **type of injury**? _____

(b) How **old** was the child? _____ months

(c) What type of **treatment** did the child receive? _____

(d) **Where** was the child treated? _____

IF AT HOME: what was the treatment and **why** did you treat the child at home?

(e) If the child was taken to a clinic or hospital could we have the **record number**?

(g) Who was **taking care** of the child at the time of the injury and how old was that person?
Relationship to child _____ **Age** _____ yrs

Inj 3 (a) What was the **type of injury**? _____

(b) How **old** was the child? _____ months

(c) What type of **treatment** did the child receive? _____

(d) **Where** was the child treated? _____

IF AT HOME: what was the **treatment** and why did you treat the child at home?

(e) If the child was taken to a clinic or hospital could we have the **record number**?

(f) Who was **taking care** of the child at the time of the injury and how old was that person?
Relationship to child _____ **Age** _____ yrs

HOSPITALIZATION: (Excluding chest illnesses)

103. Has the BTT child been admitted to a clinic, nursing home or hospital since birth?
(including a drip room, sleep over or ward 36B at Baragwanath)

Yes =1	No = 0
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If **YES:**

Age (months)	Duration (days)	Reason	Clinic/Hosp #
1.			
2.			
3.			
4.			
5.			

TREATMENT:

104. During the past 6 months, how many times has your child received treatment from the following people or places?

(LIST ANYTHING THAT YOU HAVE NOT YET MENTIONED IN THIS INTERVIEW including treatment for less serious problems)

What was the reason for the visit and what was the treatment?

	Times	Reason	Treatment
Faith healer			
Homeopath			
Nyanga			
Sangoma			
General practitioner			
Clinic			
Hospital			
Pharmacist			

SMOKING:

105. How many people in this household smoke cigarettes or pipe? _____

106. How many people in this household smoke more than 20 cigarettes per day _____

HOME ENVIRONMENT:

107. Did you use **electricity** in your home during the past two weeks?

Yes =1	No = 0
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108. What is the **one main type** of fuel you use for:

(a) Cooking?

Electricity	1	Paraffin	4
Coal and wood	2	Wood	5
Gas	3	Other	6

(b) Warming the house in winter?

Electricity	1	Paraffin	4
Coal and wood	2	Wood	5
Gas	3	Other	6

109. Does anyone in the household ever use **paraffin**?

Yes =1	No = 0
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If **YES**: What do you use it for? _____

110. How do you store the **paraffin**?

Container _____
Place _____

INCOME:

Income is a sensitive question to many people. However, it is very important for BTT to have an idea of your monthly income. We would appreciate it if you could answer the following question.

111. Do those supporting the child earn monthly:

Between R1 and R500	1	Between R501 and R1000	2
Between R1001 and R2000	3	Between R2001 and R3000	4
Between R3001 and R4000	5	More than R4000	6

ANY NOTES / REMARKS OR OTHER COMMENTS BY THE INTERVIEWER:

PHOTOGRAPH