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An Roinn Leanaí agus Gnóthaí Óige
 Department of Children and Youth Affairs



Trinity College Dublin
 Coláiste na Tríonóide, Baile Átha Cliath
 The University of Dublin

GROWING UP IN IRELAND – the national longitudinal study of children STRICTLY CONFIDENTIAL

PARENT/GUARDIAN ONE – MAIN QUESTIONNAIRE – 17-year-old Cohort TWIN SUPPLEMENT

AREA

HOUSEHOLD

Interviewer Name _____

Interviewer Number _____

Date _____
 Day month year

Young Person's Name: _____ [1st Name Only]

Young Person's Sex: Male ₁ Female ₂

SECTION B: YOUNG PERSON'S HEALTH AND ILLNESS

Now I'd like to ask you a few questions about <young person's> health

B1. [CARD B1] In general, how would you describe <young person's> health in the past year?

1. Very healthy, no problems ₁
2. Healthy, but a few minor problems ₂
3. Sometimes quite ill..... ₃
4. Almost always unwell..... ₄

B2. [CARD B2] Does <young person> have any of the following long-lasting conditions or difficulties?

B3. [If yes, at B2] Since when has <young person> had this condition?

B4. [If yes, at B2] Is <young person> hampered in his/her daily activities by this condition or difficulty?

B5. [If yes, at B2] Has this condition been diagnosed by a professional?

	B2. Has?		B3. Since when?						B4. Hampered?			B5. Diagnosed?	
	Yes	No	m	m	y	y	y	y	Yes, severely	Yes to some extent	No	Yes	No
a. Blindness or a serious vision impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Deafness or a serious hearing impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. An intellectual disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. A psychological or emotional condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. A difficulty with pain or breathing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Any other chronic illness or condition (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	—	/	—	—	—	—	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B6. Was there any time during the past 12 months when <young person> really needed to consult a GP or specialist but did not?

Yes, there was at least one occasion ₁ No, there was no such occasion..... ₂

B7. [CARD B7] What was the main reason for not consulting a GP or specialist [TICK ALL THAT APPLY]?

- a. You couldn't afford to pay ₁
- b. The necessary medical care wasn't available or accessible to you ₂
- c. You could not take time off work to visit the doctor with <young person> ₃
- d. You wanted to wait and see if the problem got better ₄
- e. Young person refused / fear of doctor ₅
- f. Young person is still on the waiting list..... ₆
- g. Too far to travel/no means of transport ₇
- h. Other (specify) _____ ₈

None One Two Three or more

B8. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth has <young person> had filled? [TICK ONE BOX ONLY]

₀ ₁ ₂ ₃

B9. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth has <young person> had extracted? [TICK ONE BOX ONLY]

₀ ₁ ₂ ₃

SECTION C: FAMILY CONTEXT

Now some questions about your relationship with <young person>.

C1. Is <young person> still in education (school or college), finished within the last six months or left education more than six months ago?

Still in education..... ₁ Finished in last six months ₂ Left education more than six months ago..... ₃

C2. [CARD C2] [If YP still in education or finished in last 6 months] In this/most recent school or college year, how often have you or your spouse/partner (where relevant) done the following with <young person>: (Please tick ONE box on each line.)

- | | Never or
hardly
ever | A few
times a
year | About
once a
month | Several
times a
month | Several
times a
week |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Discussed how he/she is getting on with different subjects at school/college? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. Asked how he/she is coping with the amount of work (course-work etc) for his/her courses? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. Asked how he/she is getting on with teachers/lecturers? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. Discussed his/her plans for the future? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. Asked how he/she is getting on with friends? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. Discussed how he/she did in tests or exams? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

C3. [CARD C3] [If YP still in education] Looking at Card C3, taking everything into account, how far do you expect <young person> will go in his/her education or training?

- Junior Certificate or equivalent 1
- Leaving Certificate or equivalent 2
- An apprenticeship or trade 3
- Diploma/Certificate 4
- Degree 5
- Postgraduate/higher degree 6
- Don't know 7

C4. [CARD C4] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends.

- | | Almost
never or
never | Not
very
often | Sometimes | Often | Almost
always or
always | N/A |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|
| a. Do you know what <young person> does with his/her free time..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b. Do you know who he/she has as friends during his/her free time. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. Do/did you usually know what type of homework he/she has/had. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d. Do you know what he/she spends his/her money on | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. Do/did you know when he/she has/had a test or homework due
at school. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f. Do/did you know how he/she does/did in different subjects at school. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g. Do you know where he/she goes when out at night with friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h. Do/did you know where he/she goes/went and what he/she does/did
after school. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| i. How often in the last month have you had no idea where he/she was. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

C5. [CARD C5] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked.

- | | Almost
never or
never | Not
very
often | Sometimes | Often | Almost
always or
always | N/A |
|---|-----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|
| a. Does he/she spontaneously tell you about his/her friends. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b. Does/did he/she want to tell you about school (how subjects are
going; relationships with teachers etc). | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. Does he/she keep a lot of secrets from you about what he/she is
doing in his/her spare time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d. Does he/she hide a lot from you about what he/she is doing during
nights and weekends..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. Does he/she like to tell you what he/she has been doing and where
he/she went when out for the evening..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

C6. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>? [CARD C6]

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. How well he/she will do in education | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. He/she has or will develop a drink problem..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. He/she has or will develop a drug problem..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. He/she is or will get involved with the wrong type of friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. He/she has or will have an unhappy relationship | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

SECTION D: YOUNG PERSON'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Young person's emotional health and well-being.

D1. [CARD D1] Listed on Card D1, is a set of statements which could be used to describe <young person's> behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <young person's> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
a. Considerate of other people's feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Often has temper tantrums or hot tempers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Rather solitary, tends to prefer to be alone.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Generally obedient, usually does what adults request	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Many worries, often seems worried	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Constantly fidgeting or squirming.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. Has at least one good friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. Often fights with other children or bullies them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. Often unhappy, down-hearted or tearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. Generally liked by other children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
o. Easily distracted, concentration wanders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
q. Kind to younger children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
r. Often lies or cheats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
s. Picked on or bullied by other children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
t. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
u. Thinks things out before acting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
v. Steals from home, school or elsewhere.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
w. Gets on better with adults than with other children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
x. Many fears, easily scared	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
y. Sees tasks through to the end, good attention span	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

D2. [CARD D2] Listed on card D2 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. Extroverted, enthusiastic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. Critical, quarrelsome.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c. Dependable, self-disciplined.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
d. Anxious, easily upset.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
e. Open to new experiences, complex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
f. Reserved, quiet.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
g. Sympathetic, warm	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
h. Disorganized, careless	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i. Calm, emotionally stable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
j. Conventional, uncreative	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

D3. [CARD D3] Which of the following conditions does/did <Young Person> have that affect/affected his/her learning in school?

D4 (if yes) Has this condition or disability been diagnosed by a professional?

D5 (if Diagnosed) At what age was it first diagnosed?

D6 (if yes at e or f) Was <Young Person> ever prescribed any medication for this condition?

	D3 Has?		D4. Diagnosed		D5. Age	D6. Medication?	
	Yes	No	Yes	No		Yes	No
a. Physical disability or visual or hearing impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		
b. SPECIFIC learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		
c. GENERAL learning disabilities (Mild, Moderate, Severe/Profound)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Mental health difficulty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Speech or language difficulty (including speech impediment)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		
i. Slow progress (reasons unclear)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		
j. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____		

D7. [CARD D7] Please indicate if <Young Person> receives / received support from any of the following (1) IN SCHOOL and (2) OUTSIDE SCHOOL?

	(1) IN SCHOOL?		(2) OUTSIDE SCHOOL?	
	Yes	No	Yes	No
a. Special Needs Assistant	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Resource Teaching/ Learning Support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Visiting Teacher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Exam accommodations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. National Educational Psychological Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Technical Assistance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Extra tuition/private tuition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Counsellor/guidance counsellor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Psychologist/school psychologist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Other counsellor (not guidance counsellor)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Social worker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Behavioural Management Programme	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m. Psychiatrist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
n. Physiotherapist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
o. Transport Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
p. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂