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| **In the last year how often did your parent(s) …?**  (Response options – Never/ Almost never/Sometimes/ A lot | |
| 1. Make sure you bathed regularly? 2. Make sure you saw a doctor if you needed one? 3. Give you enough to eat? 4. Keep the house Clean? 5. Give you enough clothes to keep you warm? 6. Take care of you when you are sick? 7. Have something for you to eat when you are hungry? | **PHYSICAL NEEDS** |
| 1. Do things with you, just for fun? 2. Take an interest in your activities and hobbies? 3. Comfort you if you if you were upset? 4. Help you to do your best? 5. Help you when you had your problems? 6. Praise you? 7. Tell you they loved you? | **EMOTIONAL SUPPORT** |
| 1. Want to know what you were doing if you were not at home? 2. Care if you got into trouble at school? 3. Take an interest in the kind of friends you had? 4. Care if you did bad thing, like shoplifting? 5. Make sure you had somewhere safe to play? 6. Leave you home alone after dark? 7. Leave you home alone during the day? | **MONITORING/SUPERVISION** |
| 1. Help you with your homework? 2. Make sure you always went to school? 3. Help you when you had trouble understanding something? 4. Read books to you? | **EDUCATIONAL SUPPORT** |
| **In the last year how often did your parents, or the adults you live with…**  (Response options – Never/Hardly ever/Sometimes/Often/Always) | |
| 1. Show an interest in what you are doing at school? 2. Attend parent’s evening at school? 3. Keep track of how you were doing at school- by doing things like reading reports? 4. Take an interest in your hobbies or activities? 5. Ask about what you want to do in the future? 6. Help you to learn things outside school? | **EDUCATIONAL SUPPORT** |
| 1. Help you when you had problems? 2. Support you if you’re upset? 3. Praise you? 4. Tell you they loved you? 5. Help you to do your best? | **EMOTIONAL SUPPORT** |
| 1. Make sure you saw the doctorif you   needed one?   1. Take care of you if you felt ill? 2. Make sure you ate healthy food? 3. Keep the house clean? 4. Make sure that you brushed your   teeth?   1. Make sure you washed and showered regularly? | **PHYSICAL CARE** |
| 1. Ask you where you were going when you went out? 2. Like to know where you were after school? 3. Expect you to call or text to let them know if you were going to be home late? 4. Ask about the plans you had with your friends? 5. Leave you home alone overnight? 6. Leave you with adults you don’t know very well? 7. Make sure you went to school? | **SUPERVISION** |

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| Autonomy   * I feel like I can be myself in my daily life * I feel in control of my life * I have enough choice about how I spend my time * I often feel like I’m under pressure * I feel like I am free to decide for myself how to live my life   Competence   * I am a good at learning skills * People often tell me that I am good at things that I do * There are many things that I am good at * When I do something I do it well   Relatedness   * People are usually friendly towards me * I get along with people I come into contact with * People in my life care about me * If I need help, there are people who will support me.   Life Satisfaction   * My life is going well * My life is just right * I wish I had a different kind of life * I have a good life * I have what I want in life |
| Response options for each Item were on a five point scale**:**  **Strongly disagree/Agree/Neither agree or disagree/Agree/Strongly agree** |