

Box 10.4c: Questionnaires with negative answers

Children By each question fill in a ✓ for 'yes' and a ✗ for 'no'	Name:	Name:	Name:	Name:
1 Do you enjoy being with children?				
2 Are you an only child?				
3 Are you close to your parents?				
4 Were your parents strict?				
5 Are children today better-behaved than they were ten years ago?				
6 Do you think children should decide whether to go to school or not?				
7 If they go to school, should they choose which lessons they want to go to?				



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