# National Ability Supports System (NASS)

## Data collection form (V1.6)

### *Guidance*

*Please see NASS system user manual for information on all fields and service definitions.*

*Only complete sections of the form relevant to the service user – *asterisked fields are required.*

*Complete grids for service types currently availed of and those required in the next 5 years.*

*To contact the NASS team: nass@hrb.ie*

### Administration

| 1. Main service provider* *(Name of service)* | 2. Person responsible | 3. Area of service<br>*Auto-populates in NASS* |
|---|---|---|

**4. Area providing funding***

**Areas** (insert appropriate CHO number)

CHO 1 - Donegal, Sligo/Leitrim, West Cavan and Cavan/Monaghan
CHO 2 - Galway, Roscommon, Mayo
CHO 3 - Clare, Limerick, North Tipperary/East Limerick
CHO 4 - Kerry, North Cork, Cork North Lee, Cork South Lee, West Cork
CHO 5 - South Tipperary, Carlow/Kilkenny, Waterford, Wexford
CHO 6 - Wicklow, Dublin South including Dun Laoghaire, Dublin South East
CHO 7 – Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West
CHO 8 - Laois/Offaly, Longford/Westmeath, Louth/Meath
CHO 9 - Dublin North, Dublin North Central, Dublin North West
99 - Unknown

| 5. Service user (client) number | 6. IHI | 7. Referral date* (DD/MM/YY) _ _/_ _/_ _ |
|---|---|---|
| 8. NIDD/NPSDD PIN | NASS ID | 9. Date of death (DD/MM/YY) _ _/_ _/_ _ |

### Service user details

**10. Forename*** _____

**11. Surname*** _____

**12. - 21. Address*** _____

_____

_____

**Eircode** _____

**22. Email address** _____

_____

**23. Phone no. 1*** _____

**24. Phone no. 2** _____

**26. Date of birth*** (DD/MM/YY) _ _/_ _/_ _

**27. Year of birth** (YYYY) _ _ _ _

**25. Sex at birth*** (circle code below)

1. Male 2. Female

**25a. Gender** (Optional to identify if different to sex assigned at birth)

1. Man/boy
2. Woman/girl
3. Non-binary
4. Identifies in another way
5. Do not wish to disclose

**28. Employment status***
(circle code below)

1. In paid employment (including part-time)
9. Supported employment
2. Unemployed
3. Training/day programme
4. Student/pupil
5. Housewife/husband
6. Retired
7. Unable to work due to disability
8. Other
99. Not known

**29. If other, specify**

_____

**30. Ethnic/cultural background* [self-identified]** (circle code below)

9. White - Irish
10. White - Irish Traveller
11. White - Roma
12. White - Any other white background
13. Black or Black Irish - Black African
14. Black or Black Irish - Any other Black background
15. Asian or Asian Irish - Chinese
16. Asian or Asian Irish - Indian/Pakistani/Bangladeshi
17. Asian or Asian Irish - Any other Asian background
18. Other, including mixed group/background - Arabic
19. Other, including mixed group/background - Mixed, write in description
20. Other, including mixed group/background - Other, write in description
8. Do not wish to answer this question
99. Not known

**31. Living with***
(circle code below)

1. Alone
2. Wife/husband/partner, no children
3. Wife/husband/partner and children
4. One parent
5. Both parents
13. One parent and sibling(s)
14. Both parents and sibling(s)
7. Daughter(s)/son(s)
8. Sibling(s)
9. Other relative(s)
10. Non-relative(s)
11. In a residential setting
12. Foster family
99. Not known

### Primary carer

**33. Have you a primary carer?** *
(circle code below)

1. Yes
0. No
88. Not applicable

**34. Do they live with you?**
(circle code below)

1. Yes
0. No
88. Not applicable

**35. Relationship of primary carer**
(circle code below)

1. Wife/husband/partner
2. Parent
3. Foster parent
4. Daughter/son
5. Sibling
6. Other relative
7. Non-relative
88. Not applicable

**36. Age group of primary carer**
(circle code below)

1. 17 years of age or under
2. 18 - 49
3. 50 - 59
4. 60 - 69
5. 70 – 79
6. 80 years of age or over
88. Not applicable
99. Not known

## Nominated person

*Complete nominated person section for all service users aged less than 16 years. *Asterisked fields are only required where 'Nominated person' details are provided.*

**37. Name** _____
(forename and surname)

**38. Address*** – *please tick if same as service user* ☐ *otherwise record below*:

_____

_____

_____ **Eircode** _____

**45. Email** _____

**46. Phone no. 1*** _____

**47. Phone no. 2** _____

**48. Relationship to service user*** (circle code below)

1. Wife/husband/partner
2. Parent
3. Foster parent
4. Daughter/son
5. Sibling
6. Other relative
7. Non-relative

**49. Best time to contact** _____

**37.1. Name** _____
(forename and surname)

**38.1. Address*** – *please tick if same as service user* ☐ *otherwise record below*:

_____

_____

_____ **Eircode** _____

**45.1. Email** _____

**46.1. Phone no. 1*** _____

**47.1. Phone no. 2** _____

**48.1. Relationship to service user*** (circle code below)

1. Wife/husband/partner
2. Parent
3. Foster parent
4. Daughter/son
5. Sibling
6. Other relative
7. Non-relative

**49.1. Best time to contact** _____

## Detail of Disability

| **50. Disability type*** | **Primary** (Select one) | **Secondary** (Select all that apply) |
|---|---|---|
| 1. Intellectual | ☐ | ☐ |
| 2. Autism | ☐ | ☐ |
| 3. Deafblind – dual sensory | ☐ | ☐ |
| 4. Developmental delay (under 10 years only) | ☐ | ☐ |
| 5. Hard of hearing and/or Deafness | ☐ | ☐ |
| 6. Neurological | ☐ | ☐ |
| 7. Physical | ☐ | ☐ |
| 8. Specific learning difficulty (other than intellectual) | ☐ | ☐ |
| 9. Speech and/or language | ☐ | ☐ |
| 10. Visual | ☐ | ☐ |
| 11. Mental health | ☐ | ☐ |
| 12. Not verified | ☐ | ☐ |

**51. Degree of intellectual disability***

*(If 1. Intellectual selected at Q50, please record degree of intellectual disability - circle code below)*

1. Borderline
2. Mild
3. Moderate
4. Severe
5. Profound
6. Not verified

## Record diagnosis or diagnoses **Diagnosis is not mandatory but if diagnosis information is recorded, asterisked fields are required.*

**52. Diagnosis 1** *(see diagnosis list)*

_____

**54. Source of diagnosis***
(circle code below)

1. Hospital specialist
2. GP
3. Multidisciplinary team
4. Psychiatrist
5. Other healthcare professional
6. CDNT information

**52.1 Diagnosis 2**

_____

**54.1 Source of diagnosis***
(circle code below)

1. Hospital specialist
2. GP
3. Multidisciplinary team
4. Psychiatrist
5. Other healthcare professional
6. CDNT information

**52.2 Diagnosis 3**

_____

**54.2 Source of diagnosis***
(circle code below)

1. Hospital specialist
2. GP
3. Multidisciplinary team
4. Psychiatrist
5. Other healthcare professional
6. CDNT information

## Services *Use the relevant sections below to record service types currently availed of and required within 5 years.*

### Residential

**Residential setting**

14. Accommodation in the community
15. Accommodation on campus [c]
4. Nursing home
5. Specialist facility – dementia
6. Specialist facility – challenging behaviour
7. Specialist facility – neurological
8. Specialist facility – physical
9. Specialist facility – mental health comorbidity
10. Psychiatric hospital
11. Other hospital
12. Hospice
13. Home sharing - shared living family

***Note: Residential** code marked [c] should only be current and ideally, should not be selected as a future service need.*

**Current 57.1-71.1** *Please complete the grid below using a row for each **residential service** the service user avails of currently. Insert the appropriate number (code) to record the type of residential service, level of support provided, number of nights per week and if enhancement is required.*

| **Service provider*** *(Name of service)* | **Location** *(Address or other location details of service)* | **Residential setting*** *(Enter code from list above)* | **Level of support*** *(Code)* 1. Minimum 2. Low 3. Medium/moderate 4. High 5. Intensive 1 to 1 6. Intensive > 1 to 1 88. Not applicable | **Start date*** *(DD/MM/YY)* | **Date service ended** *(DD/MM/YY)* Required if a service is no longer being received or if an intervention has ended. | **Nights per week*** *(Code)* 1. 4 nights 2. 5 nights 3. 7 nights | **Enhancement required in next 12 months?*** *(Code)* 1. Yes 2. Yes – increased staff to service user ratio 3. Yes – additional support hours/days /nights 4. Yes – increased staff to service user ratio and additional support hours/days/nights 5. Yes – child to adult services 7. Yes – incompatible placement 0. No 99. Not known |
|---|---|---|---|---|---|---|---|
| | | __ __ | __ __ | __/__/__ | __/__/__ | __ __ | __ __ |

**Unmet need 72.1-76.1** *Please complete grid below using a row for each **unmet need** for residential service. Insert the appropriate number (code) to record the type of residential service, level of support, year required and if formally assessed.*

| **Residential setting*** *(Enter code from list above)* | **Level of support*** *(Code)* 1. Minimum 2. Low 3. Medium 4. High 5. Intensive 1 to 1 6. Intensive > 1 to 1 88. Not applicable | **Year service required*** *(Enter year YYYY)* Must be within next 5 years (current year +5). | **Has this requirement been formally assessed?*** *(Code)* 1. Yes 2. Yes, and on local authority housing list (residential only) 0. No 99. Not known |
|---|---|---|---|
| __ __ | __ __ | __ __ __ __ | __ __ |

### Day

**Day service**

24. New Directions day programme
25. Other day programme (non-New Directions)
9. Rehabilitative training
12. Mainstream early childhood education and care
13. Special early childhood education and care
19. Mainstream primary/secondary school
20. Special primary/secondary school
21. Special class or unit in mainstream primary/secondary school
22. Third level education
23. Home tutor

**Current 57.2-71.2** *Please complete the grid below using a row for each **day service** the service user avails of currently. Insert the appropriate number (code) to record the type of day service, level of support provided, number of days per week, number of weeks per year and if enhancement is required.*

| **Service provider*** *(Name of service)* | **Location** *(Address or other location details of service)* | **Day service*** *(Enter code from list above)* | **Level of support*** *(Code)* 1. Staff to service user ratio is 1 to 10+ 2. Between 1 to 6 *and* 1 to 9 3. Between 1 to 4 *and* 1 to 5 4. 1 to 3 5. 1 to 2 6. 1 to 1 7. Greater than 1 to 1 88. Not applicable | **Start date*** *(DD/MM/YY)* | **Date service ended** *(DD/MM/YY)* Required if a service is no longer being received or if an intervention has ended. | **Days/ Week*** *(No. 0.5-7)* | **Enhancement required in next 12 months?*** *(Code)* 1. Yes 2. Yes – increased staff to service user ratio 3. Yes – additional support hours/days/nights 4. Yes – increased staff to service user ratio and additional support hours/days/nights 5. Yes – child to adult services 7. Yes – incompatible placement 8. Yes – level of support beyond funding allocation (day only) 0. No 99. Not known |
|---|---|---|---|---|---|---|---|
| | | __ __ | __ __ | __/__/__ | __/__/__ | | __ __ |
| | | __ __ | __ __ | __/__/__ | __/__/__ | | __ __ |
| | | __ __ | __ __ | __/__/__ | __/__/__ | | __ __ |

**Unmet need 72.2-76.2** *Please complete grid below using a row for each **unmet need** for day service. Insert the appropriate number (code) to record the type of day service, level of support, year required and if formally assessed.*

| **Day service*** *(Enter code from list above)* | **Level of support*** *(Enter code from list above)* | **Year service required*** *(Enter year YYYY)* Must be within next 5 years (current year +5). | **Has this requirement been formally assessed?*** *(Code)* 1. Yes 0. No 99. Not known |
|---|---|---|---|
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |

## Day respite

**Day respite service**

1. Centre based respite (includes clubs and camps)
2. Own home respite (includes evenings)
3. Home sharing short breaks family
4. Home sharing contract family

**Current 57.3-71.3** *Please complete the grid below using a row for each **day respite service** the service user avails of currently. Insert the appropriate number (code) to record the type of day respite service, level of support provided, number of day sessions and if enhancement is required.*

| **Service provider*** *(Name of service)* | **Location** *(Address or other location details of service)* | **Day respite service*** *(Code)* | **Level of support*** *(Code)*<br>1. Staff to service user ratio is 1 to 10+<br>2. Between 1 to 6 *and* 1 to 9<br>3. Between 1 to 4 *and* 1 to 5<br>4. 1 to 3<br>5. 1 to 2<br>6. 1 to 1<br>7. Greater than 1 to 1<br>**88.** Not applicable | **Start date*** *(DD/MM/YY)* | **Date service ended** *(DD/MM/YY)* Required if a service is no longer being received or if an intervention has ended. | **Sessions*** *(Number)* | **Enhancement required in next 12 months?*** *(Code)*<br>1. Yes<br>2. Yes – increased staff to service user ratio<br>3. Yes – additional support hours/days/nights<br>4. Yes – increased staff to service user ratio and additional support hours/days/nights<br>5. Yes – child to adult services<br>6. Yes – incompatible placement<br>0. No<br>99. Not known |
|---|---|---|---|---|---|---|---|
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |

**Unmet need 72.3-76.3** *Please complete grid below using a row for each **unmet need** for day respite service. Insert the appropriate number (code) to record the type of day respite service, level of support, year required and if formally assessed.*

| **Day respite service*** *(Enter code from list above)* | **Level of support*** *(Enter code from list above)* | **Year service required*** *(Enter year YYYY)* Must be within next 5 years (current year +5). | **Has this requirement been formally assessed?*** *(Code)*<br>1. Yes<br>0. No<br>99. Not known |
|---|---|---|---|
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |

## Overnight respite

**Overnight respite service**

1. House in the community/centre-based respite
2. Own home respite
3. Holiday respite (residential/centre-based/summer camp)
4. Holiday respite (hotel/B&B/hostel)
5. Home sharing short breaks family
6. Home sharing contract family
7. Nursing home respite

**Current 57.4-71.4** *Please complete the grid below using a row for each **overnight respite service** the service user avails of currently. Insert the appropriate number (code) to record the type of overnight respite service, level of support provided, number of nights and if enhancement is required.*

| **Service provider*** *(Name of service)* | **Location** *(Address or other location details of service)* | **Overnight respite service*** *(Code)* | **Level of support*** *(Code)*<br>1. Minimum<br>2. Low<br>3. Medium<br>4. High<br>5. Intensive 1 to 1<br>6. Intensive > 1 to 1<br>88. Not applicable | **Start date*** *(DD/MM/YY)* | **Date service ended** Required if a service is no longer being received or if an intervention has ended. *(DD/MM/YY)* | **Respite nights received*** *(Number)* | **Enhancement required in next 12 months?*** *(Code)*<br>1. Yes<br>2. Yes – increased staff to service user ratio<br>3. Yes – additional support hours/days/ nights<br>4. Yes – increased staff to service user ratio and additional support hours/days/nights<br>5. Yes – child to adult services<br>7. Yes – incompatible placement<br>0. No<br>99. Not known |
|---|---|---|---|---|---|---|---|
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |
| | | __ __ | __ __ | __ __/__ __/__ __ | __ __/__ __/__ __ | | __ __ |

**Unmet need 72.4-76.4** *Please complete grid below using a row for each **unmet need** for overnight respite service. Insert the appropriate number (code) to record the type of overnight respite service, level of support, year required and if formally assessed.*

| **Overnight respite service*** *(Enter code from list above)* | **Level of support*** *(Enter code from list above)* | **Year service required*** *(Enter year YYYY)* Must be within next 5 years (current year +5). | **Has this requirement been formally assessed?*** *(Code)*<br>1. Yes<br>0. No<br>99. Not known |
|---|---|---|---|
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |

## Supports for daily living

**Supports for daily living services**

1. Personal assistant
2. Home support (including Supported Self-Directed Living support)
9. Supported Self-Directed Living support – sleepover cover at night
10. Supported Self-Directed Living support – awake cover at night
3. Community support
4. Participation in voluntary work

**Current 57.5-71.5**

*Please complete the grid below using a row for each **support for daily living** the service user avails of currently. Insert the appropriate number (code) to record the type of support for daily living, level of support provided, number of hours per week and if enhancement is required.*

| **Service provider*** *(Name of service)* | **Location** *(Address or other location details of service)* | **Support for daily living*** *(Code)* | **Level of support*** *(Code)*<br>1. Staff to service user ratio is 1 to 10+<br>2. Between 1 to 6 *and* 1 to 9<br>3. Between 1 to 4 *and* 1 to 5<br>4. 1 to 3<br>5. 1 to 2<br>6. 1 to 1<br>7. Greater than 1 to 1<br>88. Not applicable | **Start date*** *(DD/MM/YY)* | **Date service ended**<br>Required if a service is no longer being received or if an intervention has ended. *(DD/MM/YY)* | **Hours/ Week*** *(Number)* | **Enhancement required in next 12 months?*** *(Code)*<br>1. Yes<br>2. Yes – increased staff to service user ratio<br>3. Yes – additional support hours/days/nights<br>4. Yes – increased staff to service user ratio and additional support hours/days/nights<br>5. Yes – child to adult services<br>0. No 99. Not known |
|---|---|---|---|---|---|---|---|
| | | __ __ | __ __ | __/__/__ | __/__/__ | | __ __ |
| | | __ __ | __ __ | __/__/__ | __/__/__ | | __ __ |
| | | __ __ | __ __ | __/__/__ | __/__/__ | | __ __ |

**Unmet need 72.5-76.5**

*Please complete grid below using a row for each **unmet need** for supports for daily living. Insert the appropriate number (code) to record the type of support, level of support, year required and if formally assessed.*

| **Support for daily living*** *(Enter code from list above)* | **Level of support*** *(Enter code from list above)* | **Year service required*** *(Enter year YYYY)*<br>Must be within next 5 years (current year +5). | **Has this requirement been formally assessed?*** *(Code)*<br>1. Yes<br>0. No 99. Not known |
|---|---|---|---|
| __ __ | __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ | __ __ __ __ | __ __ |

## Specialist supports

**Specialist supports**

1. Assistive technology/client technical service
2. Behaviour therapy
3. Case manager
4. Key worker
5. Complementary therapy
6. Creative therapy
7. Dietetics
8. Orthotics/prosthetics
9. Chiropody
10. Dentistry/orthodontics
11. Palliative care
12. Nursing
13. Occupational therapy
14. Play therapy
15. Physiotherapy
16. Psychiatry
17. Clinical psychology
18. Counselling psychology
19. Educational psychology
20. Neuro psychology
21. Resource Teacher
22. Special Needs Assistant (SNA)
23. Social work
24. Speech and language therapy
25. Vision communication - IT/AT & alternative formats
26. Vision rehabilitation services
27. Neurorehabilitation services
28. Aural communication - IT/AT & alternative formats
29. Aural rehabilitation services
30. Animal-assisted therapy
31. Children's Disability Network Team (CDNT)
32. Peer support
33. Advocacy
34. Transport services
35. Guide dog/assistance dog
36. Family and caregiver supports
37. Behavioural support

**Current 57.6-71.6**

*Please complete the grid below using a row for each **specialist support service** the service user avails of currently. Insert the appropriate number (code) to record the type of specialist support, frequency of support and if enhancement is required.*

| **Service provider*** *(Name of service)* | **Location** *(Address or other location details of service)* | **Specialist support service*** *(Code)* | **Start date*** *(DD/MM/YY)* | **Date service ended**<br>Required if a service is no longer being received or if an intervention has ended. *(DD/MM/YY)* | **Frequency of support*** *(Code)*<br>1. Once a year<br>2. Once in 6 months<br>3. Once in 3 months<br>4. Once in 2 months<br>5. Once a month<br>6. Once in 2 weeks<br>7. Once a week<br>8. Twice a week<br>9. More than twice a week<br>10. As required | **Enhancement required in next 12 months?*** *(Code)*<br>1. Yes<br>2. Yes – increased staff to service user ratio<br>3. Yes – additional support hours/days/nights<br>4. Yes – increased staff to service user ratio and additional support hours/days/nights<br>5. Yes – child to adult services<br>0. No<br>99. Not known |
|---|---|---|---|---|---|---|
| | | __ __ | __/__/__ | __/__/__ | __ __ | __ __ |
| | | __ __ | __/__/__ | __/__/__ | __ __ | __ __ |
| | | __ __ | __/__/__ | __/__/__ | __ __ | __ __ |
| | | __ __ | __/__/__ | __/__/__ | __ __ | __ __ |

**Unmet need 72.6-76.6**

*Please complete grid below using a row for each **unmet need** for specialist support. Insert the appropriate number (code) to record the type of specialist support, year required and if formally assessed.*

| **Specialist support*** *(Enter code from list above)* | **Year service required*** *(Enter year YYYY)*<br>Must be within next 5 years (current year +5). | **Has this requirement been formally assessed?*** *(Code)*<br>1. Yes<br>0. No<br>99. Not known |
|---|---|---|
| __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ __ __ | __ __ |
| __ __ | __ __ __ __ | __ __ |

## Assistive products

*You may record any assistive products that the service user currently uses or has been assessed as requiring - provide as much detail as possible about the item so that it can be identified using the NSAI assistive products list on NASS.*

| 77. Current | 77. Unmet need |
|---|---|
| | |
| | |
| | |

## Review

**83. Review date*** (DD/MM/YY) __/__/__

**84. Person responsible***

**85. Has the service user been involved in the completion of this form?***
(circle code below)

1. Yes
0. No
99. Not known

**86. Have others been involved in the completion of this form?***
(circle code below)

1. Yes
0. No
99. Not known

**87. If yes, what is their relationship to the service user?***
(circle code below)

1. Wife/husband/partner
2. Parent
3. Foster parent
4. Daughter/son
5. Sibling
6. Other relative
7. Non-relative
8. Professional/case worker
88. Not applicable

**88. Does this person have a written person-centred plan/care plan?***
(circle code below)

1. Yes
0. No
99. Not known

### *Level of support definitions for residential and overnight respite services:*

***Minimum***
*The individual can live in this setting independently and can undertake activities or participate in life with minimal support/supervision. Staffing levels range from staff calling in during day to check their welfare/well-being to regular day presence/hours every day (not night). Staff may be available on-call.*

***Low***
*Individuals who are independent in many areas of their everyday living skills but require regular daily support and minimal night-time support.*

***Medium/moderate***
*Medium support level refers to situations where individuals have moderate levels of independence but require assistance or support to live/stay in this setting. Staff are on-site every day and on duty overnight (sleep cover).*

***High***
*High level support is for individuals who require 24-hour supervision/support for a variety of reasons. Support is provided during the day and overnight awake cover.*

***Intensive 1 to 1***
*Intensive level of support is for individuals who have high needs (such as challenging behaviours) and require intensive supervision/support. Staff are on duty for 24 hours, including overnight awake cover supervision/support.*

***Intensive greater than 1 to 1***
*Individuals who require greater than 1 to 1 support/supervision are those who always need help/supervision in their living/respite setting. Staffing levels are greater than 1 to 1 24/7.*

***Not Applicable***
*Only applies to 'Home sharing family' response options.*

## Comments