**Appendix: Questionnaire completed by clinical psychologist during the interviews**

**Patient categories**

* Group A: Girl without disability with precocious puberty
* Group B1: Girl with disability presenting with precocious puberty
* Group B2: Girl with disability presenting with normal puberty

**What was the main reason/reasons you wanted to delay or stop puberty**

1. Fear of short adult height
2. Inability to cope with puberty changes psychologically
3. Fear of peer rejection
4. Difficulties in maintaining hygiene during menstruation
5. Fear of abnormal sexual or emotional behaviour
6. Fear of child abuse or unwanted pregnancy
7. Menstrual pain that cannot be properly expressed
8. Difficulty of seeking male family member help
9. Effect on convulsion frequency
10. Chest pain due to wheelchair harness on chest
11. Other reasons. Please list
12. **Was your intention of treatment to delay or stop puberty permanently**
* Delay
* Stop
1. **If to delay, for how long did you want to delay the puberty?**
* Short period (few months)
* Long period (years)
* According to doctors’ advice
1. **Would you consider permanent surgical measures like hysterectomy to stop puberty?**
* Yes
* No