

**This questionnaire was developed during the COST Action IS1804 Language Impairment in a Multilingual Society: Linguistic Patterns and the Road to Assessment**

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Hearing impairment <input type="radio"/> No <input type="radio"/> Yes	Frequent ear infections <input type="radio"/> No <input type="radio"/> Yes, how many? _____ <input type="radio"/> grommets (ear tubes)					
<b>11. In your opinion, does your child hear normally?</b> <input type="radio"/> No <input type="radio"/> Yes						
<b>12. Information about the parents</b>						
	Specify your native language (L1)	Specify your second language (L2)	Specify other languages you speak	How long have you been living in XX country	Your education	Your occupation
Mother						
Father						
<b>13. What language do you speak with your child?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           Mother  <input type="radio"/> My native language (L1)  <input type="radio"/> My second language (L2)  <input type="radio"/> Both native and second language  <input type="radio"/> Other language(s), specify which _____         </div> <div style="width: 48%;">           Father  <input type="radio"/> My native language (L1)  <input type="radio"/> My second language (L2)  <input type="radio"/> Both native and second language  <input type="radio"/> Other language(s), specify which _____         </div> </div> <b>14. What languages does your child speak now?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="radio"/> Child's L1, which _____ is: _____         </div> <div style="width: 30%;"> <input type="radio"/> Child's L2, which _____ is: _____         </div> <div style="width: 30%;"> <input type="radio"/> Other languages, which _____ are: _____         </div> </div> <b>15. What languages is your child exposed to?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="radio"/> Child's L1         </div> <div style="width: 30%;"> <input type="radio"/> Child's L2         </div> <div style="width: 30%;"> <input type="radio"/> Other languages, which _____ are: _____         </div> </div> <b>16. At what age did your child's exposure for L2 begin?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="radio"/> From birth  <input type="radio"/> Before age 1  <input type="radio"/> Before age 3         </div> <div style="width: 48%;"> <input type="radio"/> Before age 5  <input type="radio"/> From age _____         </div> </div> <b>17. Is your child exposed to L2 in</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="radio"/> Kindergarten or school  <input type="radio"/> With friends  <input type="radio"/> With siblings/parents/other relatives         </div> <div style="width: 48%;"> <input type="radio"/> TV/computer/books  <input type="radio"/> Other _____         </div> </div>						

<b>18. Estimate, in terms of percentages, how often your child is exposed to different languages per day (in all daily activities combined)?</b>	His/her native language (L1)	His/her second language (L2)	Other language(s)	
	<input type="radio"/> 25%	<input type="radio"/> 25%	<input type="radio"/> 25%	
	<input type="radio"/> 50%	<input type="radio"/> 50%	<input type="radio"/> 50%	
	<input type="radio"/> 75%	<input type="radio"/> 75%	<input type="radio"/> 75%	
	<input type="radio"/> 100%	<input type="radio"/> 100%	<input type="radio"/> 100	

  

<b>19. Please, estimate your child's language skills by ticking the appropriate box</b>	Very well	Quite well	Quite badly	Very badly
How well does your child <u>understand</u> his/her native language (L1)				
How well does your child <u>understand</u> his/her second language (L2)				
How well does your child <u>speak</u> his/her native language (L1)				
How well does your child <u>speak</u> his/her second language (L2)				

  

<b>20. In your opinion, which language does your child speak best?</b>	<input type="radio"/> His/her L1 <input type="radio"/> His/her L2 <input type="radio"/> Other language, which is _____
<b>21. In your opinion, does your child like/prefer any of the languages more than others?</b>	<input type="radio"/> No <input type="radio"/> Yes, which? _____