

Supplementary materials

Background questions

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

1. Child's name (forename, surname) _____			
2.	Date	of	Birth

3. Does your child currently go to a kindergarten/day care/school?			
<input type="radio"/> Yes, kindergarten from _____ (Year, Month)	<input type="radio"/> Yes, school from _____ (Year, Month)		
<input type="radio"/> No	<input type="radio"/> No		
If yes, what kind of kindergarten?		If yes, what kind of school?	
<input type="radio"/> Bilingual	<input type="radio"/> Bilingual		
<input type="radio"/> Monolingual L1 = child's native language	<input type="radio"/> Monolingual L1 = child's native language		
<input type="radio"/> Monolingual L2 = child's second language	<input type="radio"/> Monolingual L2 = child's second language		
<input type="radio"/> Other, what kind of other?	<input type="radio"/> Other, what kind of other?		
_____	_____		
4. In what country was your child born?			
<input type="radio"/> In country of L1, which?: _____	<input type="radio"/> In country of L2, which?: _____	<input type="radio"/> In other country, which?: _____	
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5. Since when has your child lived in the country of L2? _____ (Year, Month)			
6. Birth order			
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> Put the number _____
7. How old was your child when he/she spoke the first words? _____ year(s) _____ month(s)			
8. Have you ever been concerned about your child's language?			
<input type="radio"/> No	<input type="radio"/> Yes, specify why? _____		
9. Has anyone in your family had any speech or language difficulties?			
<input type="radio"/> No	<input type="radio"/> Yes, specify who? _____ e.g., mother, father, sibling(s)		
10. Has your child ever had hearing problems?			

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)
11. In your opinion, does your child hear normally? <input type="radio"/> No <input type="radio"/> Yes	

12. Information about the parents						
	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						

13. What language do you speak with your child?

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 _____	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 _____
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14. What languages does your child speak now?

<input type="radio"/> Child's L1, which _____	<input type="radio"/> Child's L2, which is: _____	<input type="radio"/> Other languages, which _____ are:
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15. What languages is your child exposed to?

<input type="radio"/> Child's L1	<input type="radio"/> Child's L2	<input type="radio"/> Other languages, which _____ are:
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16. At what age did your child's exposure for L2 begin?

<input type="radio"/> From birth <input type="radio"/> Before age 1 <input type="radio"/> Before age 3	<input type="radio"/> Before age 5 <input type="radio"/> From age _____
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17. Is your child exposed to L2 in

<input type="radio"/> Kindergarten or school <input type="radio"/> With friends <input type="radio"/> With siblings/parents/other relatives	<input type="radio"/> TV/computer/books <input type="radio"/> Other _____
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18. Estimate, in terms of percentages, how often your child is exposed to different languages per day (in all daily activities combined)?	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%	
19. Please, estimate your child's language skills by ticking the appropriate box	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)				
20. In your opinion, which language does your child speak best?	<input type="radio"/> His/her L1 <input type="radio"/> His/her L2 <input type="radio"/> Other language, which is _____			
21. In your opinion, does your child like/prefer any of the languages more than others?	<input type="radio"/> No <input type="radio"/> Yes, which? _____			