

Study:

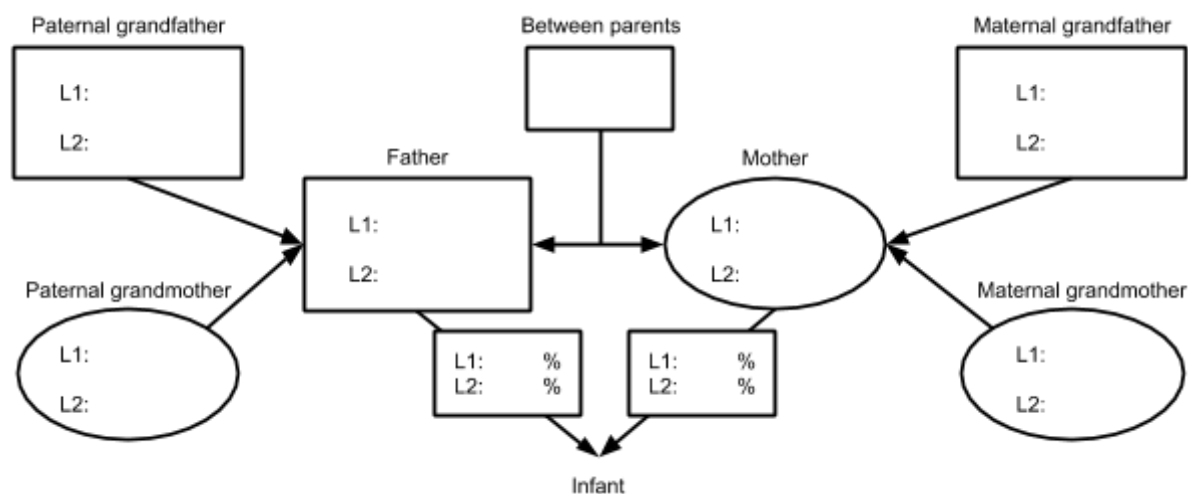
ID:

# Language Exposure Questionnaire

Date and time of testing:  
Birth date:

Age (mm; dd):  
Place of residence:

## Family language background



## Linguistic profile

Person	Period	Language	Months	Hours/day	Days/week
daycare					

Overall degree of exposure to each language as (estimated by **parents**):

Language 1: % Language 2: % Language 3: %

Overall degree of exposure to each language (estimated by **spreadsheet**):

Language 1: % Language 2: % Language 3: %

## Additional information

<b>Gestation weeks:</b>			
<b>Birth weight (g):</b>			
<b>Delivery type:</b>	Natural		C-section
<b>Pregnancy issues</b>	Yes (Specify: )		No
<b>Breastfeeding:</b>	Yes (in months → exclusively: , partially: )		No
<b>Chronic diseases:</b>	Yes (Specify: )		No
<b>Medication:</b>	Yes (Specify: )		No
<b>Hospitalization:</b>	Yes (Cause: , duration: )		No
<b>Others:</b>	Otitis:	Yes (duration: )	No
	Visual problems:	Yes (duration: )	No
	Conjunctivitis:	Yes (duration: )	No
	Muscular (e.g. torticollis)	Yes (duration: )	No
	Other:	Yes (duration: )	No

## Family information

<b>Number of children:</b>	1 2 >2 (Specify: )
<b>Position (1 = first child):</b>	
<b>Mother/parent 1's education:</b>	General Certificate of Secondary Education ( ) General Certificate of Education (GCE) ( ) Vocational Education and Training (VET) ( ) University Degree / Bachelor's Degree (B) ( ) Other (Specify: )
<b>Father/parent 2's education:</b>	General Certificate of Secondary Education ( ) General Certificate of Education (GCE) ( ) Vocational Education and Training (VET) ( ) University Degree / Bachelor's Degree (B) ( ) Other (Specify: )

Study:

ID:

## Comments

--