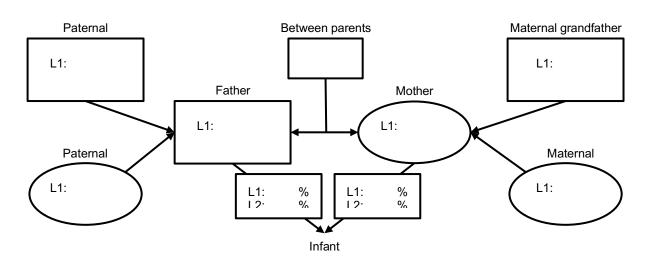
Study: Number: ID:

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):								
L1 ():	%	L2 ():	%	L3 ():	%
Overall degree of exposure to each language (estimated by spreadsheet):								
L1 ():	%	L2 ():	%	L3 ():	%

Additional information

Gestation weeks:				
Birth weight (g):				
Delivery type:	Natural			C-section
Pregnancy issues	Yes (Specify:)			No
Breastfeeding:	Yes (in months → exclusively: , partially:)			No
Chronic diseases:	Yes (Specify:)			No
Medication:	Yes (Specify:)			No
Hospitalization:	Yes (Cause:	, duration:)	No
Others:	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

Number of children:	1 2 > 2 (Specify:)
Position (1 = first child):		
Educación de la madre/figura parental 1:	Educación Secundaria Obligatoria (ESO) Bachillerato Ciclos Formativos Grado Universitario / Máster / Doctorado Otro (Especificar:	() () () ()
Educación de la madre/figura parental 2:	Educación Secundaria Obligatoria (ESO) Bachillerato Ciclos Formativos Grado Universitario / Máster / Doctorado Otro (Especificar:	() () () ()