

# Pre-Survey

\* Indicates required question

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1. Please enter your Prolific ID: \*

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## Demographics Questions

Section 1/4

2. What is your age? (in years) \*

 Dropdown

*Mark only one oval.*

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100+

3. What is your gender?

Leave it blank if you prefer not to say

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4. What is your highest attained education level? \*

*Mark only one oval.*

- Less than high school
- High school/GED
- Some college
- Associate's degree (2-years of college)
- Bachelor's Degree (4-years of college)
- Master's degree
- Doctoral degree
- Professional degree
- Prefer not to say

Section 2/4

5. What is/are your native language(s) \*

*Check all that apply.*

- English
- Other: \_\_\_\_\_

6. What other languages do you speak?

Leave blank if you only speak English

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7. My fluency in English: \*

*Mark only one oval.*

1    2    3    4    5

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beginning      fluent

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8. You can comprehend and understand information you read in English? \*

*Mark only one oval.*

1    2    3    4    5

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Strongly Agree

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9. When I read, I often read in: \*

*Mark only one oval.*

- English  
 Other language

10. What types of materials do you prefer to read in English: \*

*Check all that apply.*

- Books  
 Magazines  
 Newspapers  
 Online articles  
 Social media  
 I don't read in English

11. What is your level of comfort understanding **complex** texts in **English**? \*

*Mark only one oval.*

1    2    3    4    5

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Very      Very High

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12. What is your reading speed when reading texts in **English**? \*

*Mark only one oval.*

1    2    3    4    5

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Very      Very High

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### Section 3/4

13. When using the telephone, do you get the numbers mixed up when you dial? \*

*Mark only one oval.*

Yes

No

14. Is your spelling poor? \*

*Mark only one oval.*

Yes

No

15. When writing down dates, do you often make mistakes? \*

*Mark only one oval.*

Yes

No

16. Do you mix up dates and times and miss appointments? \*

*Mark only one oval.*

Yes

No

17. Do you find forms difficult and confusing? \*

*Mark only one oval.*

Yes

No

18. Do you find it difficult to take messages on the phone and pass them on correctly? \*

*Mark only one oval.*

Yes

No

19. Do you mix up bus numbers like 35 and 53? \*

*Mark only one oval.*

Yes

No

20. Do you find it difficult to say the months of the year forwards in a fluent manner? \*

*Mark only one oval.*

Yes

No

21. When you were at school, did you find it hard to learn the multiplication or times tables? \*

*Mark only one oval.*

Yes

No

22. Do you take longer than you should to read a page of a book? \*

*Mark only one oval.*

Yes

No

23. Do you find difficulty in telling left from right? \*

*Mark only one oval.*

Yes

No

24. Did you find it difficult to decide how to answer these questions? \*

*Mark only one oval.*

Yes

No

25. Describe how your reading habits changed over time? \*

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26. Have you ever been diagnosed with Dyslexia? \*

*Mark only one oval.*

Yes

No

Section 4/4

Readability Questions

27. It is challenging for you to read something you have little to no interest in. \*

*Mark only one oval.*

1    2    3    4    5

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Strongly Agree

28. Have you ever been diagnosed with a reading or learning disability (e.g., dyslexia)? If yes, which one and how long ago?

If you prefer not to answer, you can leave this blank. If you choose to answer, this question will NOT be used to disqualify you from the study or be used against you in any way. Note: Learning disabilities are common. In fact, one in five children in the U.S. has learning and attention issues such as dyslexia and ADHD.

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29. Have you ever been diagnosed with ADD/ADHD? If yes, which one/s and how long ago?

If you prefer not to answer, you can leave this blank. If you choose to answer, this question will NOT be used to disqualify you from the study or be used against you in any way.

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30. Have you ever been diagnosed with any medical and neurological conditions (macular degeneration, diabetes, memory disorders, LPD, dyspraxia, etc...) If yes, which one/s and how long ago?

If you prefer not to answer, you can leave this blank. If you choose to answer, this question will NOT be used to disqualify you from the study or be used against you in any way.

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31. Are you currently under the influence of any drugs, medications, alcohol, or other stimulants (e.g., caffeine, nicotine) that may affect reading/attention? If yes, which?

If you prefer not to answer, you can leave this blank. If you choose to answer, this question will NOT be used to disqualify you from the study or be used against you in any way.

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32. Do you have normal or corrected vision? \*

*Mark only one oval.*

No

Yes

33. If your vision is corrected, how was it corrected (glasses, lenses, surgery, etc.)?

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Current Reading Environment

34. Which device are you using right now to participate in this study? \*

*Mark only one oval.*

- Laptop
- Desktop
- Tablet
- Phone
- Kindle or other e-reader

35. Please describe your current surroundings. For example, are you indoors/outside, by a window, under natural or artificial light, is the room light/dark, is the room small/large? \*

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36. When you submit your response, the link to the main study will be in the next page. \*

*Check all that apply.*

- I understand

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