

Language Competency, Use and Social Background Questionnaire for Bilinguals

A. Social Background

Today's Date: _____

Name: _____

1. Sex: Male ☐ Female ☐
2. Occupation/Student Status: _____
3. The highest level of education completed: _____
4. Date of Birth: _____
5. Handedness: Left ☐ Right ☐
6. Do you have hearing problems? Yes ☐ No ☐
If **yes**, do you wear a hearing aid? Yes ☐ No ☐
7. Do you have vision problems? Yes ☐ No ☐
If **yes**, do you wear glasses or contacts? Yes ☐ No ☐
8. Have you ever had a head injury Yes ☐ No ☐
If **yes**, please explain:
9. Do you have any known neurological impairments? (e.g., epilepsy, etc.) Yes ☐ No ☐
If **yes**, please indicate:
10. Do you have (currently or in the past) any diagnosed speech or language problem (dyslexia, stuttering, etc.)? Yes ☐ No ☐
If **yes**, please indicate:
11. Are you currently taking any psychoactive medications? Yes ☐ No ☐
If **yes**, please indicate:

12. Please indicate the highest level of education and occupation for each parent:

Mother		Father	
1. _____	No high school diploma	1. _____	No high school diploma
2. _____	High school diploma	2. _____	High school diploma
3. _____	Some post-secondary education	3. _____	Some post-secondary education
4. _____	Post-secondary degree or diploma	4. _____	Post-secondary degree or diploma
5. _____	Graduate or professional degree	5. _____	Graduate or professional degree
Occupation:	_____	Occupation:	_____
First Language:	_____	First Language:	_____
Second Language:	_____	Second Language:	_____
Other Language:	_____	Other Language:	_____

Which language they speak to each other? _____

13.

Were you born in Australia?

Yes ☐ No ☐

If no, where were you born?

How many years have you lived there?

When did you move to Australia?

14. Have you ever lived in another country?

Yes ☐ No ☐

		From	To
If yes , where and for how long?	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
		Year	Year

B. Language Background

15. List all the language and dialects you can speak and understand

Language	Where did you learn it?	At what age did you learn it? (If learned from birth, write age "0")	Were there any periods in your life when you did not use this language? Indicate duration in months/years.
1. Turkish	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other:		
2. English	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other:		
3.	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other:		
4.	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other:		
5.	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other:		

16. Please rate your proficiency level on a scale of 0-10 for the following activities conducted in Turkish, English and other languages that you are fluent in.

Language	Turkish	English	Other language 1:	Other language 2:	Other language 3:
Understanding					
Speaking					
Reading					
Writing					

17. Provide the age at which you started acquiring below mentioned skills in each language.

Language	Turkish	English	Other language 1: _____	Other language 2: _____	Other language 3: _____
Understanding					
Speaking					
Reading					
Writing					

18. Considering the Turkish education you have received, in which areas you were taught/best benefited from. Write in percentages (The total amount should be 100)

Language Area	Vocabulary	Grammar	Communication (Writing/Speaking)
Percentage %			

19. If you have taken a standardized language test of proficiency in Turkish and English please indicate the scores you received for each.

Name of the test	Language Scores

C. Language Use Behavior

20. Please indicate the percentage of the time you are on average were exposed to/used each language both inside and outside home in the following life stages.

Language	Turkish	English	Other language 1:	Other language 2:	Other language 3:
3 - 6 (Preschool age)					
6 - 12 (Primary school age)					
12 - 18 (High school age)					
18 - 24 (University age)					
24 - 35					
35 and up					
Now					

21. Estimate, in terms of hours per day, how often you watch/stream video/audio in each language per day.

Language	Turkish	English	Other language 1:	Other language 2:	Other language 3:
Exposure in a day (hours)					

22. Among the languages you know, which language is the one that you would prefer to use in these situations?

Situations	Language(s)	
At home		
At work		
In social life		
In general		

23. Some people switch between the languages they know within a single conversation (i.e. while speaking in one language they may use sentences or words from the other language). This is known as "language-switching". Please indicate how often you engage in language-switching.

	Never	Rarely	Sometimes	Frequently	Always
Parents/Family					
Friends					
Social Media					

D. Reading Habits

24. Indicate the **percentage** of how much you read in following languages during these stages of your life

Language	Turkish	English	Other language 1:	Other language 2:	Other language 3:
3 - 6 (Preschool age)					
6 - 12 (Primary school age)					
12 - 18 (High school age)					
18 - 24 (University age)					
24 - 35					
35 and up					
Now					

25. Indicate the **number of hours** that best reflected how much time you spent in a typical week reading each type of material listed below for each language.

Language	Turkish	English	Other language 1:	Other language 2:	Other language 3:
Academic materials (including textbooks)					
Magazines					
Newspapers					
E-mail					
Internet media (all subjects not including e-mail)					
Books					
Other categories (Please specify)					

26. Name the books you have read in the last year (and/or estimated number)
