

Parent Questionnaire

Please complete this questionnaire and the *Communicative Development Inventory: Words and Sentences* and return both in the enclosed envelope. If you'd rather talk to us over the phone instead of filling out written questionnaires, just let us know!



1. Child's name: _____
2. Child's birth date: Day _____ Month _____ Year 20____
3. Child's gender: Male _____ Female _____
4. Child's birth order: 1st _____ 2nd _____ 3rd _____ 4th or more _____
5. Child's birth weight: _____ grams (or _____lbs _____oz)
6. Was this child born a twin? No _____ Yes _____
7. Was this child born prematurely? No _____ Yes _____
↳ If yes, by how many weeks? _____
8. Has this child ever had any major health problems?
No _____ Yes _____
↳ If yes, what are they? _____
9. Number of children in family, *including* this child: _____
10. In which country was this child born?
☐ New Zealand
☐ other; please indicate where: _____
↳ If other, how long has this child lived in New Zealand? _____
11. Which region of New Zealand does your child live in?
☐ Auckland
☐ Bay of Plenty
☐ Canterbury
☐ Gisborne
☐ Hawke's Bay
☐ Manawatu-Wanganui
☐ Marlborough
☐ Nelson
☐ Northland
☐ Otago
☐ Southland
☐ Taranaki
☐ Tasman
☐ Waikato
☐ Wellington
☐ West Coast

Please continue on the next page.

12. Which ethnic group does this child belong to? Tick the one or ones which apply.
- ☐ New Zealand European
 - ☐ Māori
 - ☐ Samoan
 - ☐ Cook Island Maori
 - ☐ Tongan
 - ☐ Niuean
 - ☐ Chinese
 - ☐ Indian
 - ☐ other such as Dutch, Japanese, Tokelauan; please state: _____
13. What is this child's main language? _____
14. Are any other languages spoken in the child's home?
 No _____ Yes _____
 ↳ If yes, which ones? _____
15. Is this child in day care or an early childhood education programme or cared for regularly by anyone else?
 No _____ Yes _____
 ↳ If yes, how many hours per week on average? _____
16. Do you have any concerns about this child's ability to hear? Yes ____ No ____
17. Do you have any concerns about this child's language development? Yes ____ No ____
18. Do you have any concerns about this child's ability to communicate? Yes ____ No ____
19. If you answered "Yes" to any of the last 3 questions, say why you are concerned:

20. Would you like us to get in touch with you to discuss your concerns? Yes ____ No ____
- ☐ Contact me on my home phone at: _____
 - ☐ Contact me on my cell phone at: _____
 - ☐ Contact me by email post at: _____
21. Has anyone in the child's family had speech, language or learning problems (for example, the child's mother, father, brothers, sisters or grandparents)?
 No _____ Yes _____
 ↳ If yes, who were they? _____

Please continue on the next page.

The next set of questions is about you.

22. Your name: _____
23. What is your relationship to the child named on page 1? _____
24. In which country were you born?
- ☐ New Zealand
 - ☐ Australia
 - ☐ England
 - ☐ China (People's Republic of)
 - ☐ India
 - ☐ South Africa
 - ☐ Samoa
 - ☐ Cook Islands
 - ☐ other; please indicate which: _____
25. If you live in New Zealand but were not born here, answer this question:
When did you first arrive to live in New Zealand?
Month (if known) _____ Year _____
26. Which ethnic group do you belong to? Tick the one or ones which apply to you.
- ☐ New Zealand European
 - ☐ Māori
 - ☐ Samoan
 - ☐ Cook Island Maori
 - ☐ Tongan
 - ☐ Niuean
 - ☐ Chinese
 - ☐ Indian
 - ☐ other such as Dutch, Japanese, Tokelauan; please state: _____
27. What is your highest secondary school qualification?
- ☐ None
 - ☐ NZ School Certificate in one or more subjects *or*
National Certificate level 1 *or*
NCEA level 1
 - ☐ NZ Sixth Form Certificate in one or more subjects *or*
National Certificate level 2 *or*
NZ UE before 1986 in one of more subjects *or*
NCEA level 2
 - ☐ NZ Higher School Certificate *or*
Higher Leaving Certificate *or*
NZ University Bursary / Scholarship *or*
National Certificate Level 3 *or*
NCEA 3 *or*
NZ Scholarship
 - ☐ other secondary school qualification gained in NZ
 - ☐ other secondary school qualification gained overseas

Please continue on the next page.

28. Apart from secondary school qualifications, do you have another completed qualification?
 No _____ Yes _____
 ↳ If yes, what is it? _____
29. What is your occupation? _____
30. Today's date is: Day _____ Month _____ Year 20_____
31. If you are from the Canterbury region and would like information about participating in the next part of this study, may we contact you?
☐ No thank you.
- ☐ Yes, please call my home phone at: _____
- ☐ Yes, please call my cell phone at: _____
- ☐ Yes, please email me at: _____
- ☐ Yes, please send information to my postal address at:

Thank you for your time and effort.

Please return this questionnaire and the *Communicative Development Inventory: Words and Sentences* in the enclosed envelope to:

The Child Language Centre
 Department of Communication Disorders
 University of Canterbury
 Private Bag 4800
 Christchurch 8140

If you'd rather talk to us over the phone instead of filling out written questionnaires, just let us know and we will be in touch!

We can be reached at:
 Phone: 364 2987, ext 8317 or 8501
 Email: ChildLanguageCentre@canterbury.ac.nz