



# Cognition and Development Lab

Ellen Bialystok Ph.D., Principal Investigator  
Department of Psychology, York University

## Language and Social Background Questionnaire (to be completed by parents)

1. Today's date: \_\_\_\_\_  
                                    day                      month                      year
2. Completed by:    Mother ☐            Father ☐            Other ☐ (please specify) \_\_\_\_\_

### Part A – Background

The following information refers to your CHILD:

3. First name: \_\_\_\_\_ Last name: \_\_\_\_\_
4. Date of birth \_\_\_\_\_ 5. Sex: \_\_\_\_\_ 6. Grade: \_\_\_\_\_  
                                    day                      month                      year
7. Country of birth: \_\_\_\_\_ 8. Handedness:    left ☐            right ☐

The following information refers to the PARENTS:

10. Country of birth of MOTHER: \_\_\_\_\_
- If not born in Canada, when did the mother come to Canada? (Month/Year) \_\_\_\_\_
- What language(s) did the mother grow up speaking? \_\_\_\_\_
- List the languages known by the mother, *in order of fluency (most fluent to least fluent)*:  
\_\_\_\_\_
11. Country of birth of FATHER: \_\_\_\_\_
- If not born in Canada, when did the father come to Canada? (Month/Year) \_\_\_\_\_
- What language(s) did the father grow up speaking? \_\_\_\_\_
- List the languages known by the father, *in order of fluency (most fluent to least fluent)*:  
\_\_\_\_\_

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

12. MOTHER	13. FATHER
1. _____ No high school diploma	1. _____ No high school diploma
2. _____ High school graduate	2. _____ High school graduate
3. _____ Some college or college diploma	3. _____ Some college or college diploma
4. _____ Bachelor's degree	4. _____ Bachelor's degree
5. _____ Graduate or professional degree	5. _____ Graduate or professional degree
Occupation: _____	Occupation: _____

**Part B – Child's Language Experience**

14. Does your child ***understand*** any language other than English? yes ☐ no ☐

If **yes**, how would you rate your child's understanding of the other language(s)?

Name other language(s)	Poor	Fair	Moderate	Good	Excellent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Does your child ***speak*** any language other than English? yes ☐ no ☐

If **yes**, how would you rate your child's speaking of the other language(s)?

Name other language(s)	Poor	Fair	Moderate	Good	Excellent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Does your child attend any language or school program other than regular school? yes ☐ no ☐

If **yes**, which program? \_\_\_\_\_

How often? Every day ☐ Once a week ☐ Other: \_\_\_\_\_

17. Which language did your child first speak?

English ☐ Other language(s) ☐ Both/All at the same time ☐

18. Is there another relative (e.g., grandparent) who lives in the home? yes ☐ no ☐

If **yes**, what are the languages spoken by that relative? \_\_\_\_\_

### Part C – Language in the home

For each of the following, please indicate with a check mark (✓) the use of language in your home for that activity. If a question does not apply to your family, please indicate by writing N/A.

<u>Questions about the CHILD</u>	All English	Half English/ half other language(s)				Only in the other language(s)	
Language CHILD speaks to:	1	2	3	4	5	6	7
1. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maternal grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Paternal grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other relatives (aunts, uncles etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language CHILD uses for:	1	2	3	4	5	6	7
8. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Listening to the radio/music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Watching TV/video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Searching the internet (e.g., Google, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, language your CHILD uses to speak:	1	2	3	4	5	6	7
12. At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Within your community/local environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Questions about the FAMILY

Language spoken IN THE HOME to the child by:	1	2	3	4	5	6	7
14. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Maternal grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Paternal grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other relatives (aunts, uncles etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Neighbours/friends/ other caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language spoken IN THE HOME between:	1	2	3	4	5	6	7
21. Parents/Spouses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Maternal grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Paternal grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Other relatives (aunts, uncles etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Neighbours/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language used IN THE HOME for:	1	2	3	4	5	6	7
27. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Listening to the radio/music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Watching TV/video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Searching the internet (e.g., Google, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Reading stories to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>