



Lifespan Cognition and Development Laboratory

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Language and Social Background Questionnaire

Today's Date:

Day **Month** **Year**

1. Sex:

Male ☐

Female ☐

2. Handedness:

Left ☐

Right ☐

3. Date of Birth:

Day

Month

Year

4. Do you have hearing problems?

Yes ☐

No ☐

If **yes**, do you wear a hearing aid?

Yes ☐

No ☐

5. Do you have vision problems?

Yes ☐

No ☐

If **yes**, do you wear glasses or contacts?

Yes ☐

No ☐

Is your vision corrected to normal with glasses or contacts?

Yes ☐

No ☐

6. Are you colour blind?

Yes ☐

No ☐

If **yes**, what type? _____

7. Have you ever had a head injury

Yes ☐

No ☐

If **yes**, please explain: _____

8. Do you have any known neurological impairments? (e.g., epilepsy etc)

Yes ☐

No ☐

If **yes**, please indicate: _____

9. Are you currently taking any psychoactive medications?

Yes ☐

No ☐

If **yes**, please indicate: _____

Further Comments: _____

10. Please check box to indicate your highest level of education and your occupation.

No high school diploma	High school graduate	Some post-secondary education	Post-secondary degree or diploma	Graduate or professional degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occupation for most of your working life:

11. Were you born in Canada?

Yes ☐ No ☐

If **no**, where were you born?

When did you move to Canada

Year

12. Have you ever lived in a place where English is not the dominant communicating language?

Yes ☐ No ☐

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

Language Background

13. List all the language and dialects you can speak including English, ***in order of fluency***:

Language	Where did you learn it? (Home, School, Community...)	Where did you use it? (Home, School, Friends, Travel, Other)	At what age did you learn it?
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

14. For the languages indicated above, were there any periods in your life when you did not use it?

Language	If yes: Indicate duration in months/years.	If no: Please indicate.
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Relative to a highly proficient speaker's performance, rate your proficiency level on a scale of 0-100 for the following activities conducted in English and your other language(s).

15.1 **English**

	No Proficiency 0	50	High Proficiency 100
Speaking	●		●
Understanding	●		●
Reading	●		●
Writing	●		●

15.2 Of the time you spend engaged in each of the following activities, how much of that time is carried out in English?

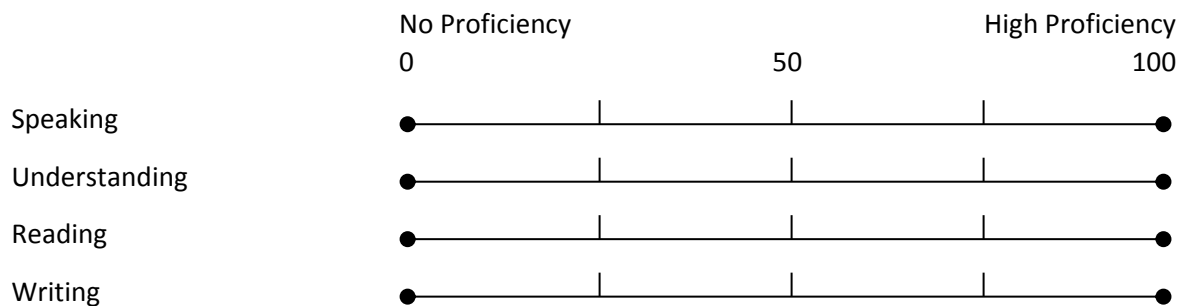
	Never English 0	50	Always English 100
Speaking	●		●
Listening	●		●
Reading	●		●
Writing	●		●

16.1 **Other Language:** _____

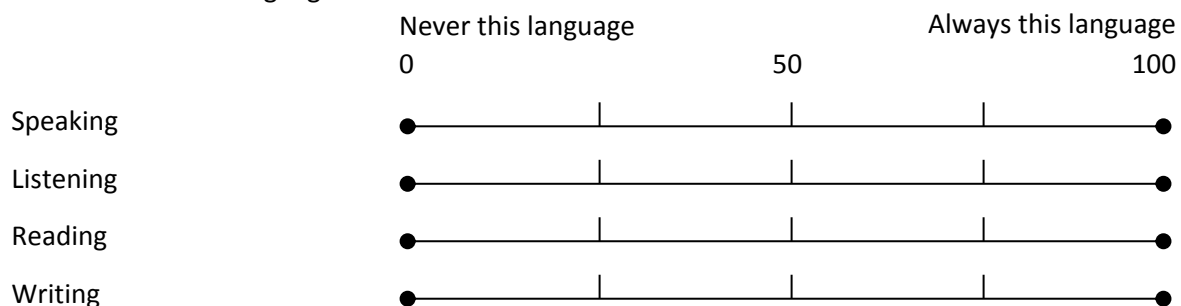
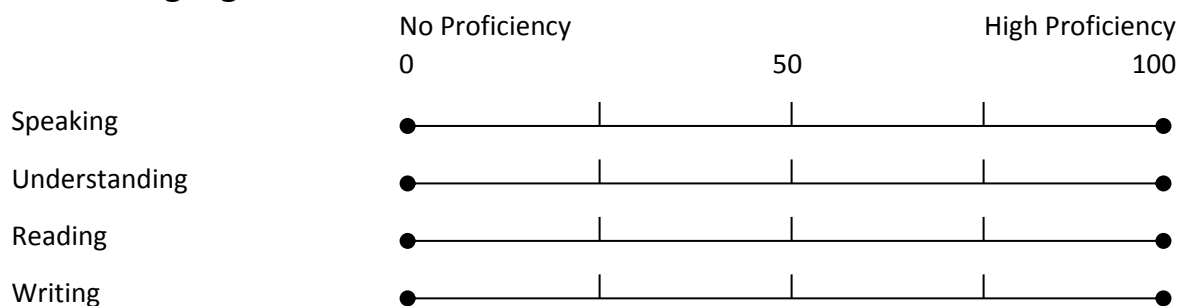
	No Proficiency 0	50	High Proficiency 100
Speaking	●		●
Understanding	●		●
Reading	●		●
Writing	●		●

16.2 Of the time you spend engaged in each of the following activities, how much of that time is carried out in this language?

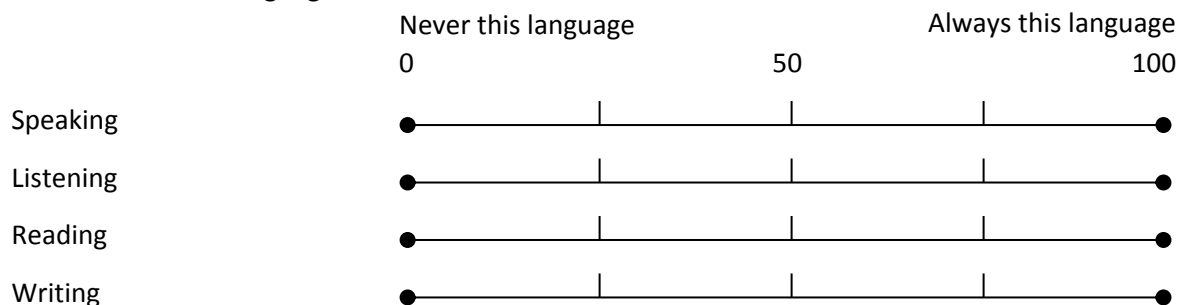
	Never this language 0	50	Always this language 100
Speaking	●		●
Listening	●		●
Reading	●		●
Writing	●		●

17.1 **Other Language:** _____

17.2 Of the time you spend engaged in each of the following activities, how much of that time is carried out in this language?

18.1 **Other Language:** _____

18.2 Of the time you spend engaged in each of the following activities, how much of that time is carried out in this language?



19. On each of the following scales, indicate the proportion of use for English and your other language in **daily life**. On one end, 0 indicates that the activity in that environment is carried out in ALL ENGLISH. On the other end, 100 indicates that only the other language(s) is used. You can mark anywhere on the scale, so please be as precise as possible.

	All English 0	50	All Other Language 100
Language spoken to family members	●		●
Language spoken to friends	●		●
Language for watching TV/video	●		●
Language for reading books/magazines etc.	●		●
Language used for writing (e.g. shopping lists, notes, etc.)	●		●
Language used in the community and for cultural activities	●		●

20. **Global Self-Assessment**

Overall, how would you describe your level of bilingualism or multilingualism? Please indicate.

Monolingual	Bilingual
●	●