



Lifespan Cognition and Development Laboratory
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Language and Social Background Questionnaire

Today's Date:	_____ Day Month Year	1. Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
2. Handedness:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	3. Date of Birth:	_____ Day Month Year
4. Do you have hearing problems?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , do you wear a hearing aid?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have vision problems?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , do you wear glasses or contacts?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your vision corrected to normal with glasses or contacts?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you colour blind?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , what type?	_____			
7. Have you ever had a head injury			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please explain:	_____			
8. Do you have any known neurological impairments? (e.g., epilepsy etc)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please indicate:	_____			
9. Are you currently taking any psychoactive medications?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
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*:

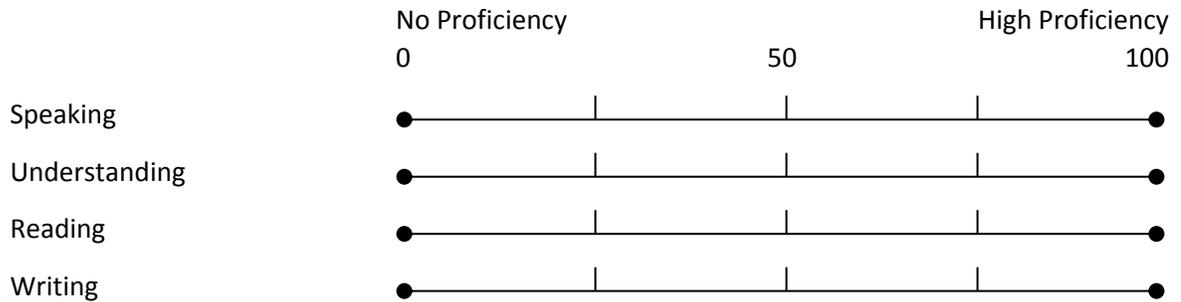
Language	Where did you learn it? (Home, School, Community...)	Where did you use it? (Home, School, Friends, Travel, Other)	At what age did you learn it?
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

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

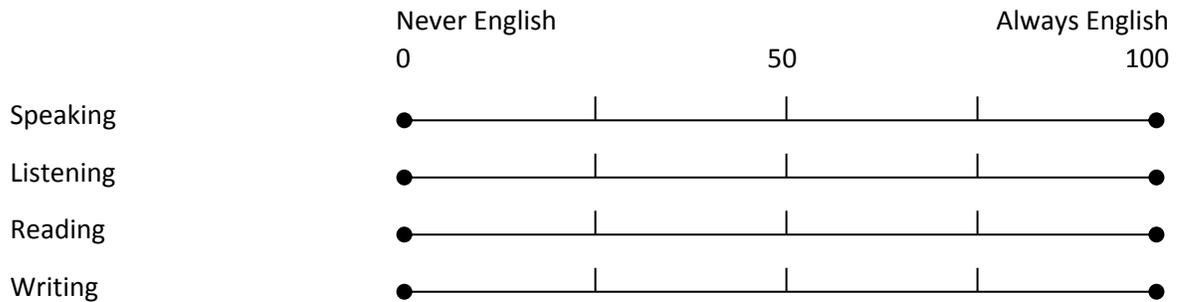
Language	If yes: Indicate duration in months/years.	If no: Please indicate.
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

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).

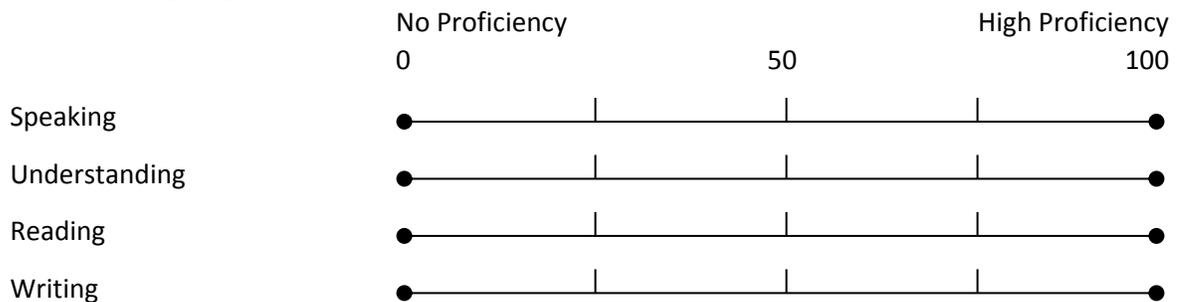
15.1 **English**



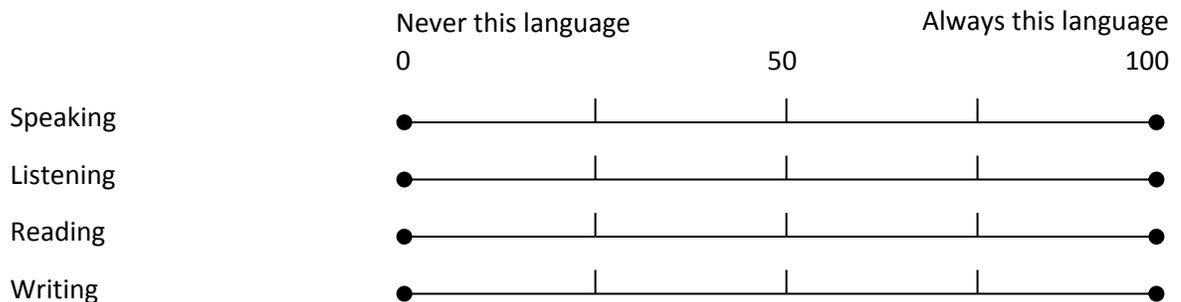
15.2 Of the time you spend engaged in each of the following activities, how much of that time is carried out in English?



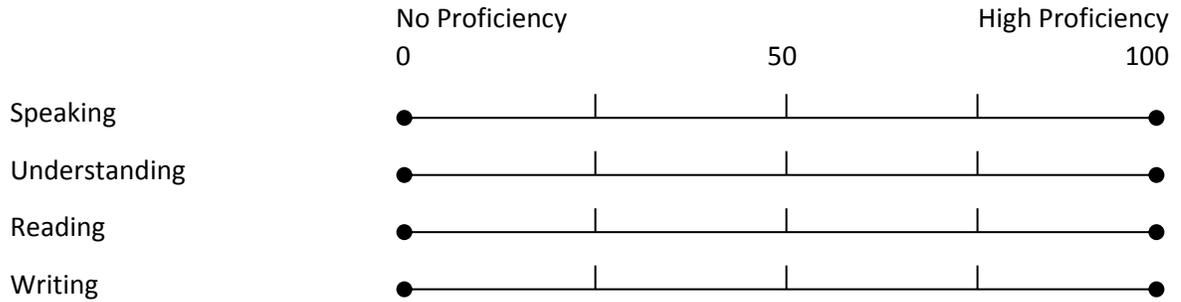
16.1 **Other Language:** _____



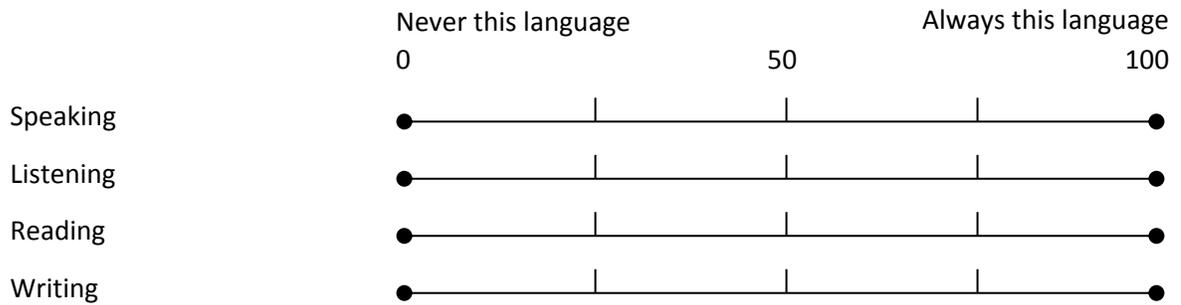
16.2 Of the time you spend engaged in each of the following activities, how much of that time is carried out in this language?



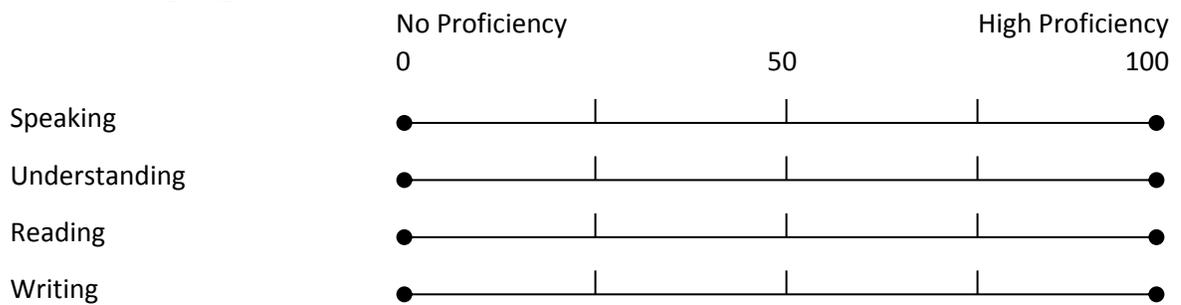
17.1 **Other Language:** _____



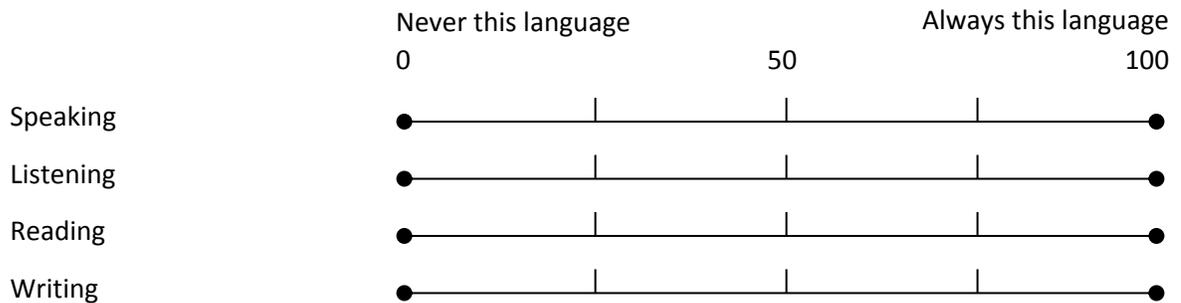
17.2 Of the time you spend engaged in each of the following activities, how much of that time is carried out in this language?



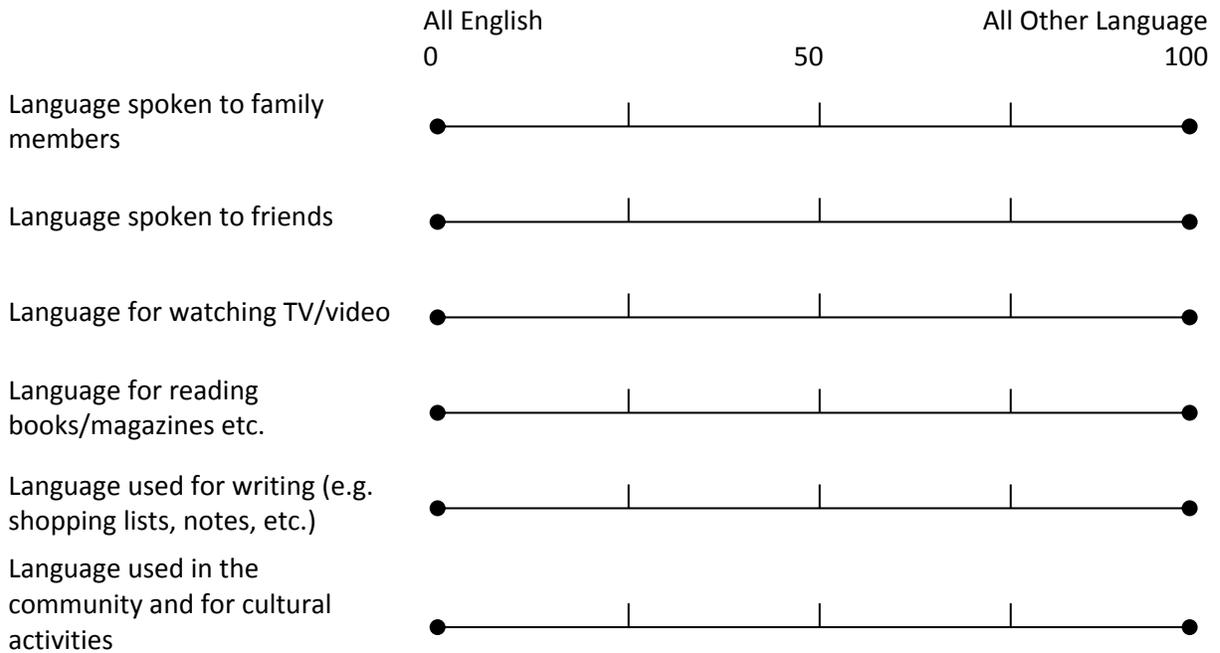
18.1 **Other Language:** _____



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.



20. **Global Self-Assessment**

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

