



**Language Institute  
Thammasat University**

Code: \_\_\_\_\_ / \_\_\_\_\_

Study ID:

1. Age: \_\_\_\_\_

2. Gender: Male  Female

3. Number of years in full-time education: \_\_\_\_\_

4. What is your first (native) language? \_\_\_\_\_

5. List any other languages (or dialects) you know: \_\_\_\_\_

6. Please rate your eyesight (with contact lenses or glasses if you are wearing them) on the following scale:

[Please circle]

<b>Very poor</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
1	2	3	4	5

*Thank you for completing this questionnaire. Please turn over.*