

ID..... Conducted by \_\_\_\_\_ with \_\_\_\_\_ on \_\_\_\_\_.

### Family Information Questionnaire

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Infant

Full Name: \_\_\_\_\_ Male / Female

Date of birth: \_\_\_\_\_

Birth weight: \_\_\_\_\_ Gestation in weeks: \_\_\_\_\_

Any major complication at birth?	YES/NO

Has your child ever been hospitalised?	YES/NO

Does your child have any problems with vision?	YES/NO

Does your child have any problems with hearing?	YES/NO

Has your child had any seizures or convulsions?	YES/NO

Is your child taking any medications?	YES/NO

Does your child currently have any other mental or physical issues?	YES/NO

Is your child in nursery/childcare?	YES/NO

**Household composition**

Name	DOB	Relationship to child	Notes

**Parents**

		Ethnicity	Place of birth	Biological parent
Parent 1	Male / Female			Yes / No
Parent 2	Male / Female			Yes / No

**Parental employment**

	Employed full time?	Employed part time?	In education?	Any benefits? (apart from child benefit)
Parent 1	Yes / No	Yes / No	Yes / No	Yes / No
Parent 2	Yes / No	Yes / No	Yes / No	Yes / No

Parent 1 occupation: \_\_\_\_\_

Highest qualification:

- ☐ GCSE/ O-LEVEL
- ☐ A LEVEL / DIPLOMA
- ☐ DEGREE / HND
- ☐ POST-GRADUATE DEGREE / DOCTORATE

Parent 2 occupation: \_\_\_\_\_

Highest qualification:

- ☐ GCSE/ O-LEVEL
- ☐ A LEVEL / DIPLOMA
- ☐ DEGREE / HND
- ☐ POST-GRADUATE DEGREE / DOCTORATE

#### **Household Pre-tax Annual Income**

- ☐ < £20 000
- ☐ £20 000 - £29 999
- ☐ £30 000 - £39 999
- ☐ £40 000 - £59 999
- ☐ £60 000 - £79 999
- ☐ £80 000 - £99 999
- ☐ £100 000 - £149 999
- ☐ > £149 999

#### **What type of house/apartment do you live in?**

- (circle) Private rental, own property or council tenant?
- (circle) Detached house, semi-detached house, terraced house, serviced apartment, unserviced apartment, shared accommodation (e.g. Bed and Breakfast)?
- How many bedrooms does your family have? \_\_\_\_\_

**Languages spoken**

	First language	Fluent in English?	Other Language(s)
Mum		Y/N	
Dad		Y/N	
Siblings:			

Has your child had any exposure to French?	Yes / No

Has your child had any exposure to sign language or BabySign?	Yes / No

**Does anyone in your child’s family (parents, grand-parents and siblings) have any hearing impairment? Yes / No**

If yes, can you give details below?

Relationship to child	Severity of hearing impairment	Cause if known	Age at detection	Preferred mode of communication	Cochlear implant or hearing aids?

Is there anyone with autism in your child’s family?	Yes / No

Is there anyone with ADHD in your child's family?	Yes / No

Is there anyone with colour blindness in your child's family?	Yes / No

Is there anyone with epilepsy in your child's family?	Yes / No

Has anyone in your child's family suffered depression?	Yes / No

**Handedness**

	Right handed	Left handed	Ambidextrous (No hand preference)	Unsure
Mum				
Dad				
Siblings:				

