

Family Questionnaire

A child's health and family life can have a big influence on the language they learn. So we would like to ask a few questions about these. Please feel free to leave out any questions that you don't want to answer. **Please do not write your name or address on any part of this questionnaire so that the information is anonymous and confidential.**

A. YOUR CHILD'S HEALTH AND DEVELOPMENT

1. At what week of pregnancy was your child born?	Week 33 or before	<input type="radio"/>	Week 34 to 36	<input type="radio"/>	Week 37 or later	<input type="radio"/>
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2. How much did your child weigh at birth?	Up to 5lb 8 oz	<input type="radio"/>	5lb 9oz to 9lb 14oz	<input type="radio"/>	9lb 15 oz or over	<input type="radio"/>
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3. Has your child had an ear infection/glue ear for longer than 3 months, 4-6 ear infections with a 6 month period or another identified hearing problem (e.g. at newborn screening)?	Yes	<input type="radio"/>	No	<input type="radio"/>
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If yes, please give details

4. Is there anyone in the immediate family (brothers/sisters/parents only) with a speech or language difficulty, or dyslexia	Yes	<input type="radio"/>	No	<input type="radio"/>
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If yes, please give details

5. Does your child have a developmental disability (e.g. Cerebral Palsy, ASD, Fragile X syndrome, Muscular dystrophy, Di George syndrome, Down syndrome, Williams syndrome)?	Yes	<input type="radio"/>	No	<input type="radio"/>
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If yes, please give details

6. Does your child have a hearing or visual impairment	Yes	<input type="radio"/>	No	<input type="radio"/>
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If yes, please give details

B. YOUR CHILD'S FAMILY

1. Your relationship to your child. Are you?	Mum	<input type="radio"/>	Dad	<input type="radio"/>
	Other	<input type="radio"/>	If other, please specify:	

2. How many siblings (brothers and sisters) does your child have (include full and half siblings)	0 (zero)	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>
	3	<input type="radio"/>	4 or more	<input type="radio"/>		

3. Is this child the first child of his/her mum?	Yes	<input type="radio"/>	No	<input type="radio"/>
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If not, how many older children does mum have?	1	<input type="radio"/>	2	<input type="radio"/>	3 or more	<input type="radio"/>
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4. Is your child a twin/multiple birth	Yes	<input type="radio"/>	No	<input type="radio"/>
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5. Is your child:	White British/Irish	<input type="radio"/>	Mixed Ethnicity: White and other	<input type="radio"/>	Asian/Asian British	<input type="radio"/>
	Black/African/Caribbean/Black British	<input type="radio"/>	Other ethnic group (please give details):			

Participant code

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6. What is the postcode of your child's main address:

7. How long does your child spend at this address:

☐ Less than half the year
 ☐ Half the year
 ☐ More than half the year
 ☐ All year

8. Which other adults (over 18 years old) live in this home with your child?

☐ Mum
 ☐ Dad
 ☐ Grandparents
 ☐ Other adults (please say how many)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐

9. How many other children live in this home (please say how many in each age range)?

Children 0 to 5 years	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
	3 <input type="radio"/>	4 or more <input type="radio"/>	
Children 6 to 17 years	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
	3 <input type="radio"/>	4 or more <input type="radio"/>	

10. How many bedrooms are in this home?

1 <input type="radio"/>	2 <input type="radio"/>
3 <input type="radio"/>	4 <input type="radio"/>
	5 or more <input type="radio"/>

Please only answer questions 11 and 12 if your child lives at another home for part of the year

11. How long does your child spend at this other address:

☐ Less than half the year
 ☐ Half the year
 ☐ More than half the year
 ☐ All year

12. Which other adults (over 18 years old) live in this home with your child?

☐ Mum
 ☐ Dad
 ☐ Grandparents
 ☐ Other adults

Child's Mum

Please fill in questions 13 and 14 for the child's mum

NB: If child lives with two mums, please fill in for the mum with the highest qualification. If child lives with two dads (and not mum), please fill in for the dad with the highest qualification

13. Child's mum's age is...

Up to 20 years old <input type="radio"/>	21-25 years old <input type="radio"/>
26 to 30 years old <input type="radio"/>	31-35 years old <input type="radio"/>
	36+ years old <input type="radio"/>

14. Mum's highest education is...

No formal qualifications <input type="radio"/>	1-4 GCSEs/O Levels (at any grade) NVQ Level 1 or similar <input type="radio"/>
5+ GCSEs (grades A*-C)/ O levels (passes)/NVQ level 2 or similar <input type="radio"/>	1 A Level/ 2-3 AS Levels <input type="radio"/>
University degree/HND/HNC/NVQ Level 4 or 5/similar <input type="radio"/>	2+ A Levels/NVQ Level 3 or similar <input type="radio"/>
	Postgraduate degree or similar e.g. (PGCE, PhD, MA etc.) <input type="radio"/>

Participant code

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Child's Dad

Please fill in questions 15 and 16 for the child's dad.

NB If child lives with two mums (and not dad), please fill in for the 2nd mum here. If child lives with two dads (and not mum), please fill in for the 2nd dad here

15. Child's dad's age is... Up to 20 years old ☐ 21-25 years old ☐
 26 to 30 years old ☐ 31-35 years old ☐ 36+ years old ☐

16. Dad's highest education is... No formal qualifications ☐ 1-4 GCSEs/O Levels (**at any grade**) NVQ Level 1 or similar ☐
 5+ GCSEs (**grades A*-C**)/ O levels (**passes**)/NVQ level 2 or similar ☐ 1 A Level/ 2-3 AS Levels ☐ 2+ A Levels/NVQ Level 3 or similar ☐
 University degree/HND/HNC/NVQ Level 4 or 5/similar ☐ Postgraduate degree or similar e.g. (PGCE, PhD, MA etc.) ☐

17. What is the overall household income **before tax** in your child's main home? Please include all tax credits in your calculation.
 £0-14,000 ☐ £14,000-£24,000 ☐ £24,000-£42,000 ☐ £42,000 or more ☐

C. ALL ABOUT YOUR CHILD'S DAY

1. Who looks after your child? Please tell us about everyone who looks after your child for at least half a day in a typical week
 Child's mum ☐ Child's dad ☐ Other carer or carers ☐

2. If you have told us about other carers, are they:
 Family ☐ Childminder ☐ Nursery ☐

3. If other carers, how many hours in total do these other carers look after your child in a typical week?
 1-20 hours ☐ 21-35 hours ☐ 36+ hours ☐

4. Does your child regularly hear a language that is not English? Yes ☐ No ☐

5. If yes, for how many hours does your child hear this other language in a typical week?

You have finished! Thank you very much for your time and effort.