



## Growing words: A program evaluation for late talking toddlers

### GENERAL CHILD & FAMILY QUESTIONNAIRE ALL INFORMATION IS STRICTLY CONFIDENTIAL

#### BACKGROUND INFORMATION

1. Child's name: \_\_\_\_\_
2. Date of birth: \_\_\_\_\_
3. Gender: Male / Female
4. Child's country of birth: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Postcode: \_\_\_\_\_
7. Parent/Caregiver Name: \_\_\_\_\_
8. Phone (Home): \_\_\_\_\_
9. (Mobile): \_\_\_\_\_
10. Email: \_\_\_\_\_
11. Does your child attend preschool / daycare? YES / NO  
11(a) If yes, how many days per week? 1 2 3 4 5
12. Does your child speak a language other than English? YES / NO  
*If no, please turn the page and continue the questionnaire.*  
12(a) If yes, what other language/s does your child speak? \_\_\_\_\_  
\_\_\_\_\_  
12(b) What is your child's first language? \_\_\_\_\_  
12(c) What percentage of waking hours would your child use each language (e.g. Arabic at home, English at preschool)?

#### FAMILY AND FAMILY HISTORY

13. Highest level of education obtained for child's *mother* (tick one):
 

<input type="checkbox"/> Before 16 years	<input type="checkbox"/> School certificate	<input type="checkbox"/> Higher school certificate
<input type="checkbox"/> TAFE	<input type="checkbox"/> University bachelor degree	<input type="checkbox"/> University postgraduate qualification
14. Highest level of education obtained for child's *father* (tick one):
 

<input type="checkbox"/> Before 16 years	<input type="checkbox"/> School certificate	<input type="checkbox"/> Higher school certificate
<input type="checkbox"/> TAFE	<input type="checkbox"/> University bachelor degree	<input type="checkbox"/> University postgraduate qualification

15. Who else lives with your child at home (e.g. parents, brothers, sisters, grandparents)?

\_\_\_\_\_

16. Have any member(s) of the child's family had any speech, language, reading or writing problems? YES / NO

16(a) If yes, please describe: \_\_\_\_\_

## PREGNANCY, BIRTH, AND FEEDING

### Pregnancy:

17. Were there any problems or complications during the pregnancy? YES / NO

17(a) If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Birth:

18. Was your child born: early / late / expected time

19. Were there any problems during the birth or in the days after the birth (e.g. labour difficulties, emergency caesarean, breathing problems following birth)? YES / NO

19(a) If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Feeding:

20. Did / does your child have any feeding / swallowing problems (e.g. sucking difficulties, reflux)?

YES / NO

20(a) If yes, please describe: \_\_\_\_\_

21. Did / does your child use a dummy? YES / NO

21(a) If yes, when did your child start using a dummy (e.g. from birth), and for how long (e.g. 1 year)?

## EARLY DEVELOPMENT/MILESTONES

### Speech development:

22. Did your child babble (e.g. baba, mama)? YES / NO

23. How old was your child when he/she started to babble? \_\_\_\_\_

24. How old was your child when he/she said their first word? \_\_\_\_\_

25. How old was your child when he/she started putting short sentences together (e.g. "want drink", "more juice")? \_\_\_\_\_

### Physical development:

26. When did your child first:

(a) Sit without support: \_\_\_\_\_ months (b) Crawl: \_\_\_\_\_ months (c) Walk: \_\_\_\_\_ month

## HEALTH

27. Was your child's hearing tested at birth? YES / NO  
27(a) If yes, what was the result? \_\_\_\_\_
28. Has your child's hearing been tested since then? YES / NO  
28(a) If yes, when? \_\_\_\_\_ What was the result? \_\_\_\_\_
29. Did / does your child have any past or ongoing health problems (e.g. asthma, operations, frequent colds, headaches, specific medical diagnosis)? YES / NO  
29(a) If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
30. Does your child take regular medications? YES / NO  
30(a) If yes, what? \_\_\_\_\_

## COMMUNICATION SKILLS

31. Do you have any concerns about your child's current speech, language, or communication skills?  
YES / NO
- If yes, please describe these concerns: \_\_\_\_\_
32. Has your child ever been to see a speech pathologist? YES / NO  
If yes, when, why, and what service/s did you receive? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
33. Is there anything else you would like to tell us?

***Thank you for completing this questionnaire.***