

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 AN | D DEVELOPMENT | | | | | | |
|---|----------------------|---------|---------------------------|----------------------|----------------|----------------------|---|
| At what week of pregnancy was your child born? | Week 33 or befor | e O | We | eek 34 to 36 | 0 | Week 37 or later | 0 |
| 2. How much did your child weigh at birth? | Up to 5lb 8 o | oz O | 51 | b 9oz to 9lb 14oz | 0 | 9lb 15 oz or over | 0 |
| 3. Has your child had an ear inf months, 4-6 ear infections with identified hearing problem (e.g. | a 6 month period or | another | 3 | Yes | 0 | No | 0 |
| If yes, please give details | | | | | | | |
| 4. Is there anyone in the imme (brothers/sisters/parents only) difficulty, or dyslexia | - | guage | | Yes | 0 | No | 0 |
| If yes, please give details | | | | | | | |
| 5. Does your child have a develo Palsy, ASD, Fragile X syndrome, I syndrome, Down syndrome, Wil | Muscular dystrophy, | - | I | Yes | 0 | No | 0 |
| If yes, please give details | | | | | | | |
| 6. Does your child have a hearing | g or visual impairme | nt | | Yes | 0 | No | 0 |
| If yes, please give details | | | | | | | |
| B. YOUR CHILD'S FAMILY | | | | | | | |
| 1. Your relationship to your child | l. Are you? | Mum | 0 | | Dad | 0 | |
| | | Other | 0 | If other, ple | ease specify: | | |
| 2. How many siblings (brothers a | | r child | | | | | |
| have (include full and half sibling | gs) | | 0 (zero) | 0 | 1 0 | 2 0 | |
| 3. Is this child the first child of h | is/her | Yes | 3 0 | O 4 or | more O No O | | |
| mum? If not, how many older children does mum have? | 1 0 | | 2 | 0 | | 3 or more O | |
| 4. Is your child a twin/multiple b | irth Yes | | 0 | No | 0 | | |
| 5. Is your child: White Britis | sh/Irish O | | l Ethnicity: and other | 0 | Asian/ | Asian British O | |
| Black/African/Caribbean/Black | c British O | Other | ethnic grou | ıp (please giv | e details): | | |

Participant Number

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| 6. What is the postcode of your | r child's main ad | dress: | | | | | |
|--|-----------------------|--------------------|-------------------------------|---------|----------------------------|----------------------------------|---------------------------|
| 7. How long does your child spe | end at this addre | ess: | | | | | |
| O Less than half the year | | Half the year | | 0 | More than half the year | 0 | All year |
| 8. Which other adults (over 18 | years old) live in | this home with | your child? | | | | |
| | Mum O | | Dad | 0 | | Grandparents | 0 |
| Other adults (please say how | w many) | 0 | 0 | | 1 | 0 | |
| | 2 0 | | 3 | 0 | | 4 or more | 0 |
| 9. How many other children live | e in this home (p | please say how r | many in each | age ra | ange)? | | |
| Children 0 to 4 years | 0 0 | | | 0 | | 2 | 0 |
| | 3 O | | 4 or more | 0 | | | |
| Children 5 to 17 years | 0 0 | | 1 | 0 | | 2 | 0 |
| | 3 O | | 4 or more | - | | | - |
| 10. How many bedrooms are in | this home? | | 1 | 0 | | 2 | 0 |
| | 3 0 | | 4 | 0 | | 5 or more | |
| Please only answer questions | 11 and 12 if you | r child lives at a | nother hom | e for p | part of the year | | |
| 11. How long does your child sp | pend at this othe | er address: | | | | | |
| O Less than half the year | 0 | Half the year | | | More than half the year | 0 | All year |
| 12. Which other adults (over 18 | 8 years old) live | in this home wit | h your child? |) | | | |
| Mum O | Γ | Dad O | Grandpar | ents | 0 | Other adults | 0 |
| Child's Mum Please fill in questions 13 and 1 NB: If child lives with two mum please fill in for the dad with th | is, please fill in fo | or the mum witl | h the highest | qualit | fication. If child | lives with two dad | s (and not mur |
| 13. Child's mum's age is | Up to 20 years | old O | | 2 | 1-25 years old | 0 | |
| 15. cmia 5 man 5 age 15 | 26 to 30 years | | | 31-35 | years old | O 36+ years ol | d O |
| 14. Mum's highest education is | 5 | No fe | ormal qualifi | cation | is O | 1-4 GCSEs/O Leve grade) NVQ I | |
| 5+ GCSEs (grades A*-C)/ C (passes)/NVQ level 2 or | | 1 A | Level/ 2-3 AS | Level | s O | 2+ A Levels/NV | Q Level 3 O or similar |
| University degree/HND/HN Level 4 or 5/ | | | graduate de e.g. (PGCE, Ph | - | A | | |

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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 O | | 21-25 years old | 0 | | | |
|---|-------------------------------|--|-------------------|--------------------------------------|----------------------|--|--|
| | 26 to 30 years old O | | 31-35 years old | O 36+ years old | 0 | | |
| 16. Dad's highest educatio | on is | No formal qualification | ons O | 1-4 GCSEs/O Levels grade) NVQ Lev | • | | |
| 5+ GCSEs (grades A*-((passes)/NVQ level 2 | | 1 A Level/ 2-3 AS Leve | els O | 2+ A Levels/NVQ or | Level 3 O similar | | |
| University degree/HND Level 4 |)/HNC/NVQ O P or 5/similar | ostgraduate degree or simi e.g. (PGCE, PhD, MA et | | | | | |
| 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 O | £14,000-£24,000 | O £24,000-£42,00 | 0 0 | £42,000 o | or more O | | |
| 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 O | Child's o | dad O Ot | her carer or care | rs O | | | |
| 2. If you have told us about other carers, are they: | | | | | | | |

 Family
 O
 Childminder
 O
 Nursery
 O

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

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

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.