**Home Literacy & Media Survey**

Thank you for agreeing to take part in this survey which is conducted as part of a research project

aiming to explore the literacy and media environment of young Saudi children.

All of your answers and comments will remain confidential and anonymous.

1. **Demographic Information**
2. Name of child to which this form applies …………………………………………………………………
3. Child’s Gender: □ Female □ Male
4. Child’s Date of Birth? ………. / ……….. / ………..

 (Day) (Month) (Year)

1. Child’s Place of Birth ……………………………………………………………………… (City/ Country)
2. Your Name (Person filling out this form) ………………………………………………………………….
3. Your email address …...........................................................................................................................
4. Your phone number ………….....……....................................……………………………………………..
5. Your relationship to the child: □ Mother □ Father □ Other, please specify …………
6. How many other children do you have? (Put 0 if you have no other children)

Boys ………. Girls…………..

1. What is your age?
* 17 or younger
* 18-20
* 21–24
* 25–29
* 30–34
* 35–39
* 40–44
* 45–49
* 50 or older
1. What is your place of birth? ………………………………………………………………………..
2. Which of the following best describes your current marital status?
* Single
* Married
* Widowed
* Divorced
* Separated
1. What is the highest level of school you have completed or the highest degree you have received?
* No schooling completed
* Elementary School Certificate
* Intermediate School Certificate
* High School Certificate
* Post HSC Diploma
* Bachelor degree
* Master degree
* Doctoral Degree
* Other, please specify …………………………………………………………………
1. Which of the following categories best describes your employment status?
* Employed, working full-time
* Employed, working part-time
* Businesswoman
* Not employed, currently looking for work
* Not employed, NOT currently looking for work
* Student
* Retired
* Disabled, not able to work
* Other, please specify ……………………………………………….……………………
1. In what language do you speak most often?
* Arabic
* English
* Other, please specify: …………………………………………………………………..
1. Identify any other language(s) that you speak fluently: ……………………………………………….
2. What is the age of the child’s father?
* 17 or younger
* 18-20
* 21–24
* 25–29
* 30–34
* 35–39
* 40–44
* 45–49
* 50 or older
1. What is the place of birth of the child’s father? ………………………………………(Cit/ Country)
2. What is the highest level of school the father has completed or the highest degree he has received?
* No schooling completed
* Elementary School Certificate
* Intermediate School Certificate
* High School Certificate
* Post HSC Diploma
* Bachelor degree
* Master degree
* Doctoral Degree
* Other, please specify ………………………………………………………………………………
1. Which of the following categories best describes the father’s employment status?
* Employed, working full-time
* Employed, working part-time
* Not employed, currently looking for work
* Not employed, NOT currently looking for work
* Student
* Retired
* Disabled, not able to work
* Other, please specify ………………………………………………………………………………
1. In what language does the father speak most often?
* Arabic
* English
* Other, please specify: …………………………………….
1. Identify any other language(s) that the father speaks fluently: ………………………………………
2. How many people live in your household (including the child)? …………………………………….
3. How many children age 12 or younger live in your household (including the child)? ……………
4. What is the birth order of the child?
* Oldest
* Middle
* Youngest
* A multiple (e.g., a twin or triplet)
* Only
* Other, please specify: …………………………………….
1. How much total combined money do all members of your household earn every month?
* SR 0 to SR1,999
* SR 2,000 to SR4,999
* SR 5,000 to SR9,999
* SR 10,000 to SR14,999
* SR 15,000 to SR19,999
* SR 20,000 to SR24,999
* SR 25,000 to SR29,999
* SR 30,000 to SR34,999
* SR 35,000 toSR39,999
* SR 40,000 and up
1. In which type of housing do you currently live?
* Villa
* Duplex
* Apartment
* Traditional house
* A floor in a villa
* Other, please specify: …………………………………….
1. Which of the following best describes the type of tenure of your housing?
* Rented
* Owned
* Provided by employer
* Other, please specify: ………………………………
1. What is the name of the district where you currently live? ……………………… (District/ City)
2. **The Child’s Health and Development**
3. Were there any problems during pregnancy, birth, or right after the child was born? (premature, low birth weight, maternal infections, low Apgar, transfusion)
* No
* Yes

If yes, please explain: …………………………………………………………………………………

1. Was the child delayed in any of the following?
* Babbling
* Talking
* Sitting
* Walking
* child was not delayed in any of the above
1. Do you have any concerns about your child’s hearing?
* No
* Yes

If yes, please explain: ………………………………………………………………………………..

1. Do you have any concerns about your child’s speech/language development?
* No
* Yes

If yes, please explain: …………………………………………………………………………………

1. **The Child’s Linguistic Environment**
2. What language do you use when speaking to the child?
* Arabic
* English
* Mixture of Arabic and English
* Other, please specify: …………………………………………………………………………………
1. What language does the father use when speaking to the child?
* Arabic
* English
* Mixture of Arabic and English
* Other, please specify: …………………………………………………………………..……………
1. Are there other people (other than parents) living at the same place where the child lives?
* No
* Yes

If yes, please specify how many and their relationship to the child

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

1. Is there a domestic helper/ au pair who regularly interacts with the child at home?
* Yes
* No → (Skip to 39)
1. For each domestic helper, please identify the following:
	* The domestic helper’s nationality.
	* The language she uses when interacting with the child (e.g., Arabic, English, Mixture of Arabic & English, etc.)
	* Her proficiency level in that/those language(s) (i.e., High, Medium, or Low)

DH1: Nationality:…………………. Language: …………………….. Proficiency:……………………

DH2: Nationality:…………………. Language: ……………………...Proficiency:…………………

DH 3: Nationality:…………………. Language: ……………………..Proficiency:……………………

Other, please specify: ………………………………………………………………………………………

1. How often do you read to your child?

□ Never □ rarely □ Once a week □ 2-3 times a week □ Everyday

1. How often do you read bedtime stories to your child?

□ Never □ Rarely  □ Sometimes □ Often □ Always

1. Approximately, how many books does your child have (including books shared with siblings, & excluding school textbooks)?

□ No books □ 1-2 books □ 3-9 books

□ 10-19 books □ 20-49 books □ 50 plus

1. What is tha language of the books you often read to your child? (Please mark all the apply)
* Arabic only
* English only
* Arabic and English books equally
* Arabic books more than English books
* English books more than Arabic books
* Wordless picture books
* Other, please specify: ……………………………………………………………………………
1. **The Child’s Media Environment**
2. Is there a TV set in your household?
* Yes
* No → (Skip to 45)
1. How many TV sets do you have in your household? ………………………………………………
2. How many of the following do you have in your household? (If any is not available, please put 0)

Local TV ……………………………

Cable or satellite TV …………………………....

Desk computer or laptop …………………………....

DVD player or VCR …………………………....

Games console e.g., PlayStation, Xbox, or Wii …………………………....

A music CD player or audiocassette …………………………....

An iPod Touch or other type of video iPod …………………………....

A smartphone such as iPhone, Galaxy, or BlackBerry …………………………....

A tablet device, such as iPad, Galaxy Tab, or Galaxy Note …………………………....

A handheld video game player e.g., Gameboy or PSP …………………………....

1. Do you have an internet connection at home?
* No
* Yes
1. Which of the following items, if any, does your child have in her/his bedroom? (Please mark all the apply)
* Local TV
* Cable or satellite TV
* Desk computer or laptop
* DVD player or VCR
* Games console e.g., PlayStation, Xbox, or Wii
* A music CD player or audiocassette
* High speed Internet access
* None of the above
1. How likely is it that your child has a media device (e.g., TV, Games console, DVD player, Computer, etc.) in her/his bedroom because of each of the following reasons? (Please mark ONE answer for each statement below. Answer options are: *Very* *likely*, *Likely*, *Unlikely*, *Very* *unlikely*.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I let my child watch TV and/or use electronic devices …**  | **Very likely** | **Likely** | **Unlikely** | **Very unlikely** |
| 1. Because it helps her/him fall asleep
 | □ | □ | □ | □ |
| 1. Because it keeps her/him occupied in their room so I can do other things around the house
 | □ | □ | □ | □ |
| 1. Because it frees up the other TVs so other family members can watch their own shows
 | □ | □ | □ | □ |
| 1. Because it was a reward for good behaviour
 | □ | □ | □ | □ |
| 1. Because she/he shares a room with an older brother or sister
 | □ | □ | □ | □ |
| 1. Because she/he shares a room with an adult
 | □ | □ | □ | □ |
| 1. Because she/he sleeps in a family room that has a TV in it
 | □ | □ | □ | □ |
| 1. Because we bought a new TV and decided to give her/him the old one
 | □ | □ | □ | □ |
| 1. To get her/him to sleep in her/his own room
 | □ | □ | □ | □ |

1. Which of the following items do you have, if any?
* Your own smartphone
* Your own tablet or iPad
* Your own iTouch or other video iPod
* Your own non-video iPod or other MP3 player
* None of these → (Skip to 54)
1. What type of cell phone, if any, do you have?
	* I have a smartphone (you can send email, watch videos, or access the Internet on it)
	* I have a regular cell phone (just for talking or texting)
	* I don’t have a cell phone
2. Approximately, how many apps, if any, have you downloaded onto your own:
3. Smartphone: ……………………………..
4. Tablet (e.g., iPad) ……………………………..
5. iPod Touch ……………………………..
6. Approximately, how many of the apps that you’ve downloaded were for your child/children to use on your:
7. Smartphone: ……………………………..
8. Tablet (e.g., iPad) ……………………………..
9. iPod Touch ……………………………..
10. Approximately, how many of the apps you’ve downloaded for your child/children are educational apps (i.e., apps that are designed to teach kids something)?
11. Smartphone: ……………………………..
12. Tablet (e.g., iPad) ……………………………..
13. iPod Touch ……………………………..
14. Which of the following items does your child have, if any?
* her/his own smartphone
* her/his own iPad or tablet
* her/his own iTouch or other video iPod
* her/his own non-video iPod or other MP3 player
* her/his own handheld video game player like a Gameboy or PSP
* None of the above
1. Which of the following items does your child share with someone else (e.g., parent, siblings, etc.)?
* A smartphone
* A tablet or an iPad
* An iTouch or other video iPod
* A non-video iPod or other MP3 player
* A handheld video game player like a Gameboy or PSP
* None of the above
1. How many hours per day does your child spend on watching TV? ……………………………………
2. How do you evaluate your child’s TV watching time?
	* She/he **never** watches TV
	* She/he **rarely** watches TV
	* She/he **moderately** watches TV
	* She/he **frequently** watches TV
	* She/he **excessively** watches TV
3. How many hours per day does your child spend on using electronic media?…………………………
4. How do you evaluate your child’s electronic media use?
	* She/he **never** uses electronic media → (Skip to 62)
	* She/he **rarely** uses electronic media
	* She/he **moderately** uses electronic media
	* She/he **frequently** uses electronic media
	* She/he **excessively** uses electronic media
5. How often is internet connection available for the devices your child regularly uses?

□ Never □ Rarely  □ Sometimes □ Often □ Always

1. How often, if ever, does your child use the following kinds of apps on a cell phone, iPod, iPad, or other tablet device? (Please mark ONE answer for each statement below. Answer options are: *Never*, *Rarely*, *Sometimes*, *Often*, *Always*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1. Educational games, like puzzles, memory games, math, or reading
 | □ | □ | □ | □ | □ |
| 1. Games that are just for fun
 | □ | □ | □ | □ | □ |
| 1. Creative apps and programmes for things like drawing, making music, or creating videos
 | □ | □ | □ | □ | □ |
| 1. Apps and programmes based on a character my child knows from a TV show
 | □ | □ | □ | □ | □ |
| 1. Apps and programmes that have audio songs
 | □ | □ | □ | □ | □ |
| 1. Apps and programmes that have video songs
 | □ | □ | □ | □ | □ |
| 1. Apps and programmes with religious content like teaching Quran, prayers, and Islamic rituals.
 | □ | □ | □ | □ | □ |
| 1. Apps and programmes that have photo and video albums
 | □ | □ | □ | □ | □ |
| 1. Other types of apps and programmes
 | □ | □ | □ | □ | □ |

1. How often does your child do each of the following activities? (Please mark ONE answer for each statement below. Answer options are: *Never, Once a week, Several times a week, Once a day, Several times a day*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Once a week** | **Several times a week** | **Once a day** | **Several times a day** |
| 1. Read or be read to
 | □ | □ | □ | □ | □ |
| 1. Watch DVDs or videotapes
 | □ | □ | □ | □ | □ |
| 1. Watch TV
 | □ | □ | □ | □ | □ |
| 1. Use the computer
 | □ | □ | □ | □ | □ |
| 1. Play video games on a console player like an Xbox, PlayStation, or Wii
 | □ | □ | □ | □ | □ |
| 1. Play games on a handheld player like a Gameboy or PSP
 | □ | □ | □ | □ | □ |
| 1. Use a mobile device (like a smartphone, tablet, iPad, iPod Touch, or similar device) to play games, use apps, or watch videos
 | □ | □ | □ | □ | □ |

1. How likely is it that you let your child watch TV and/or use electronic devices because of each of the following reasons? (Please mark ONE answer for each statement below. Answer options are: *Very* *likely*, *Likely*, *Unlikely*, *Very* *unlikely*.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I let my child watch TV and/or use electronic devices …**  | **Very likely** | **Likely** | **Unlikely** | **Very unlikely** |
| 1. because my child wants to watch TV or use electronic devices to have fun
 | □ | □ | □ | □ |
| 1. because I find it difficult to say 'No' to my child when she/he asks to watch TV or use electronic devices
 | □ | □ | □ | □ |
| 1. as a reward for good behaviour
 | □ | □ | □ | □ |
| 1. because they make parenting easier
 | □ | □ | □ | □ |
| 1. because they help distract my child when I have some chores to attend to
 | □ | □ | □ | □ |
| 1. to get my child to remain quiet or not move when in public (restaurants, social gatherings, waiting areas, etc.)
 | □ | □ | □ | □ |
| 1. to distract my child so she/he can eat
 | □ | □ | □ | □ |
| 1. to get my child to stop crying
 | □ | □ | □ | □ |
| 1. because my child needs to be skilled with computers and new tablet devices to be successful in life
 | □ | □ | □ | □ |
| 1. because they have educational materials that are good for my child’s brain development
 | □ | □ | □ | □ |
| 1. because they help in teaching my child language basics such as alphabets and numbers
 | □ | □ | □ | □ |
| 1. because they help in teaching my child new vocabulary
 | □ | □ | □ | □ |
| 1. because they help in teaching my child religious values and morals
 | □ | □ | □ | □ |
| 1. because they help in teaching my child good manners and habits
 | □ | □ | □ | □ |
| 1. because they help in teaching my child languages (e.g., Arabic, English or French)
 | □ | □ | □ | □ |

1. If there are other reasons, other than the ones mentioned above, please explain below. Otherwise, leave blank.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. How often does each of the following happen? (Please mark ONE answer for each statement below. Answer options are: *Never*, *Rarely*, *Sometimes*, *Often*, *Always*, *I don’t know.*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **I don’t know** |
| 1. How often do you watch TV together with your child?
 | □ | □ | □ | □ | □ | □ |
| 1. How often do you use electronic devices together with your child?
 | □ | □ | □ | □ | □ | □ |
| 1. When the child is watching TV, how often does someone else watch with her/him?
 | □ | □ | □ | □ | □ | □ |
| 1. When the child is using electronic devices, how often does someone else use/ play with her/him?
 | □ | □ | □ | □ | □ | □ |
| 1. How often do you or someone else discuss/explain the content of the programme viewed on TV or electronic devices to your child?
 | □ | □ | □ | □ | □ | □ |
| 1. How often do you or someone else specify in advance the programmes/ applications that may be viewed/ played?
 | □ | □ | □ | □ | □ | □ |
| 1. How often do you or someone else set specific media viewing/ playing hours for your child?
 | □ | □ | □ | □ | □ | □ |
| 1. How often do you or someone else tell your child to turn off the TV/electronic device or switch the channel/quit an application when she/he is viewing an unsuitable content?
 | □ | □ | □ | □ | □ | □ |
| 1. How often does your child eat her/his main meals while watching TV or using electronic devices?
 | □ | □ | □ | □ | □ | □ |
| 1. On a typical day, how often do you leave the TV on, even if no one is actually watching it?
 | □ | □ | □ | □ | □ | □ |

1. Do you or someone else forbid your child to watch/play certain programmes/ channels/ applications?
* Yes
* No → (Skip to 68)
1. Please specify the channels, programme types, or programme titles that you or someone else forbid your child to view/ play

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

1. In general, do the media in your home—TVs, computers, video games, and mobile devices—cause your family to spend more time together with other family members, less time together with other family members, or don’t they make much difference one way or the other?
* Media cause us to spend more time with other family members
* Media cause us to spend less time with other family members
* Media don’t make much difference in how much time we spend with other family members
1. Who is adult who would usually watch TV with the child? If more than one, please list all.

…………………………………………………………………………………………………………………

1. Who is adult who would usually use electronic devices with the child? If more than one, please list all.

…………………………………………………………………………………………………………………

1. What is your child’s favourite activity? If more than one, list all.

…………………………………………………………………………………………………………………

1. What is your child’s favourite TV channel? If more than one, list all.

…………………………………………………………………………………………………………………

1. What is your child’s favourite TV programme? If more than one, list all.

………………………………………………………………………………………………………………

1. What is your child’s favourite tablet/ smartphone application? If more than one, list all.

…………………………………………………………………………………………………………………

1. At what age did your child start watching TV?

 ……………………………………………………………...

1. At what age did your child start using electronic devices (e.g., smartphone, tablets, computers, etc.)?

……………………………………………………………...

1. From your point of view, which channel(s) or programme(s) do you think is beneficial for your child? Please provide details.

…………………………………………………………………………………………………………………

1. From your point of view, which channel(s) or programme(s) do you think is harmful for your child? Please provide details.
2. **The Child’s Day Care Environment**
3. Does your child attend day care?
* Yes
* No → (Skip the remaining questions)
1. Please name the day care center your child attends: ……………………………………………
2. How many hours per week does the child spend in day care? ……………………………………………
3. At which age did your child start attending day care? ……………………………………………
4. What is the nationality of your child’s day care worker(s)? If more than one, please list all.

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

1. What is the primary language used for communication in your child’s daycare center?
* Arabic
* English
* Mixture of Arabic and English
* Other, please specify: …………………………………………………………………………………