

**PART I: GENERAL DEMOGRAPHIC INFORMATION**

Age.....Gender.....Handedness.....  
 Study area/ Major .....  
 Current year of study (i.e. Yr 2 Sem 1) .....  
 Country of birth and language used .....  
 At what age did you start school ..... years old  
 Please list **all** countries (outside your home country) you have lived in:

Country	Age	Languages spoken in the country
E.g. Belgium	2-12	French, Flemish
1.		
2.		
3.		
4.		
5.		
6.		

**PART II: LANGUAGES**

Please list all the languages you know in order of acquisition, with your native language first.  
*\*Please indicate below if you grew up with more than one language at home.*

1.	4.
2.	5.
3.	6.

Please list all the languages you know in order of usage frequency, starting with the one you use most often.

1.	4.
2.	5.
3.	6.

Please list all the languages you know in order of proficiency, starting with your most proficient language.

1.	4.
2.	5.
3.	6.

**PART III: PARENTS' MOTHER TONGUES**

What is your father's main language? .....  
 Does your father speak any other languages? Please specify .....  
 What is your father's highest education level? .....  
 What is your mother's main language? .....  
 Does your mother speak any other languages? Please specify .....  
 What is your mother's highest education level? .....  
 If you have a child, which is their first language? .....  
 Does your child speak any other languages? Please specify .....

# BACKGROUND QUESTIONNAIRE

## PART IV: MUSICAL BACKGROUND

Do (did) you play a musical instrument or sing?  Yes  No

If yes, please state which instrument, and how long you have been playing it for

.....  
How often do (did) you play?

### Currently

Daily  A few times a week  A few times a month  A few times a year  Once a year or less

### In the past

Daily  A few times a week  A few times a month  A few times a year  Once a year or less

## PART V: VIDEO GAMING

Do (did) you play video games? (this includes all forms of computer games)  Yes  No

If yes, please state the type of game(s) which you play (i.e. computer, phone games), and at what age you started

.....  
How often do (did) you play at the highest frequency?

### Currently

Daily  A few times a week  A few times a month  A few times a year  Once a year or less

### In the past

Daily  A few times a week  A few times a month  A few times a year  Once a year or less

## PART VI: ACADEMIC BACKGROUND

Please list the grades obtained in your A Levels (or equivalent) i.e. BBCC. If you studied a third language, please state which language and the grade separately.

.....  
.....

## BACKGROUND QUESTIONNAIRE

### PART VII: LEISURE ACTIVITIES

Please indicate whether you currently participate (or have participated in recent years) in any of the following activities and how frequently

	Once a year or less	A few times per year	A few times per month	A few times per week	Daily
a. Reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading magazines or newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Producing art (e.g., painting, poetry, sculpture, song writing, ballet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Producing non artistic writing (e.g., diary, newsletter, essay, blogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Playing structured games (e.g., cards, boardgames, crossword puzzles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participating in hobbies (e.g., gardening, model building, Web design)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# BACKGROUND QUESTIONNAIRE

<b>HOME LANGUAGE 1:</b>					
<b>LANGUAGE HISTORY – ACQUISITION OF LANGUAGE</b>					
1. Choose the most appropriate option: <input type="checkbox"/> I understand the language but I don't speak it <input type="checkbox"/> I both understand and speak the language					
2. If you were schooled in this language, at what age did you learn to write it? _____ years old					
Please rate how often you used this language in the following contexts <b>during your childhood.</b>					
<b>FAMILY</b>					
Mother	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
Father	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
Grandparents	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
Siblings	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
Other relatives	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
<b>OFFICIAL</b>					
Schooling	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
Teachers	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
Classmates	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
<b>IMMEDIATE ENVIRONMENT</b>					
Friends	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
Neighbours	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	<input type="checkbox"/> Not applicable
<b>USAGE</b>					
Are you still using this language? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, when did you stop using it? _____ years old					
If yes, how often do you use it currently?					
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly					
In what context do you use this language? (You can pick more than one)					
<input type="checkbox"/> Family (Parents, partner, relatives, children etc.) <input type="checkbox"/> Work/School <input type="checkbox"/> Friends/ Neighbours					
<input type="checkbox"/> TV/Radio <input type="checkbox"/> Books/magazines <input type="checkbox"/> Shopping <input type="checkbox"/> Others (Please specify: .....)					
<b>LANGUAGE PROFICIENCY</b>					
Please rate your proficiency in this language in each of the following aspects: ( 1- poor; 4 - native/near native)					
Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<b>NOTES</b>					

# LANGUAGE BACKGROUND QUESTIONNAIRE

## LANGUAGE:

### LANGUAGE HISTORY - ACQUISITION OF THE LANGUAGE

1. When were you first exposed to the language? \_\_\_\_\_ years old
2. In what context were you exposed to the language? \_\_\_\_\_
3. When did you start learning the language? \_\_\_\_\_ years old
4. At what age did you start to speak this language proficiently and actively? \_\_\_\_\_ years
5. Choose the most appropriate option:  I understand the language but I don't speak it  
 I both understand and speak the language

Are you still using this language?  Yes  No

If no, when did you stop using it? \_\_\_\_\_ years old

If yes, how often do you use it currently?

Daily  Weekly  Monthly  Yearly

In what context do you use this language? (You can pick more than one)

Family (Parents, partner, relatives, children etc.)  Work/School  Friends/ Neighbours  
 TV/Radio  Books/magazines  Shopping  Others (Please specify: .....)

Please rate your proficiency in this language in each of the following aspects:

( 1- poor; 4 - native/near native)

Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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### LANGUAGE USE

Are you still using this language?  Yes  No

If no, when did you stop using it? \_\_\_\_\_ years old

If yes, how often do you use it currently?

Daily  Weekly  Monthly  Yearly

In what context do you use this language? (You can pick more than one)

Family (Parents, partner, relatives, children etc.)  Work/School  Friends/ Neighbours  
 TV/Radio  Books/magazines  Shopping  Others (Please specify: .....)

Please rate your proficiency in this language in each of the following aspects:

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Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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 TV/Radio  Books/magazines  Shopping  Others (Please specify: .....)

Please rate your proficiency in this language in each of the following aspects:

( 1- poor; 4 - native/near native)

Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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### LANGUAGE USE

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 TV/Radio  Books/magazines  Shopping  Others (Please specify: .....)

Please rate your proficiency in this language in each of the following aspects:

( 1- poor; 4 - native/near native)

Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## *LANGUAGE BACKGROUND QUESTIONNAIRE*

Please leave your contact information below if you would like to be contacted for participation in future studies.

Name: \_\_\_\_\_

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

Contact number: \_\_\_\_\_