



Participant information – *To be filled out by the researcher*

Project code: _____ Today's date: _____ Participant code: _____

1.1 Parent/Caregivers' information

List your parents/caregivers in order of amount of time you spent with them from birth to 24 months, and indicate approximately how much time you spent with each of them during a typical week. Include time spent in daycare and with grand-parents, and note whether there was any variation over the time period.

Caregiver	Approx, time spent per week	Language(s) spoken with you
1)		
2)		
3)		
4)		
5)		

1) Parent/Primary caregiver (from birth to 24 months): _____

Native language(s): _____ Other language(s): _____

During your infancy, their language(s) of communication:

- in the home: _____
- with other family members: _____
- with people outside the home: _____

Place of birth: _____ Current residence: _____

Please list all places where this caregiver has lived, when they lived there, and for how long, in chronological order:

2) Parent/Other primary caregiver (from birth to 24 months): _____

Native language(s): _____ Other language(s): _____

During your infancy, their language(s) of communication:

- in the home: _____
- with other family members: _____
- with people outside the home: _____

Place of birth: _____ Current residence: _____

Please list all places where this caregiver has lived, when they lived there, and for how long, in chronological order:

3) Other caregiver(s) (from birth to 24 months): _____

Native language(s): _____ Other language(s): _____

During your infancy, their language(s) of communication:

- in the home: _____
- with other family members: _____
- with people outside the home: _____

Place of birth: _____ Current residence: _____

Please list all places where this caregiver has lived, when they lived there, and for how long, in chronological order:

Language Background Questionnaire – Extended Version

1.2 Languages in your environment during infancy (0 to 24 months of age inclusively)

Please list **all** the languages that you were exposed to **during your infancy** and, for each language, the approximate percentage of the time that you heard it on a weekly basis. Note: This should add up to 100%.

Language(s)	Percentage of the time that you heard this language on a weekly basis DURING INFANCY:

2. Current Language Proficiency

Please evaluate your **current** level of proficiency for **all** languages that you have **ever** been exposed to:

Language: _____

Oral comprehension:

Oral production:

Writing proficiency:

Reading proficiency:

Pronunciation:

Language: _____

Oral comprehension:

Oral production:

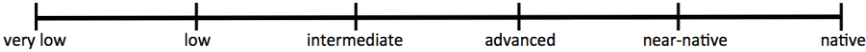
Writing proficiency:

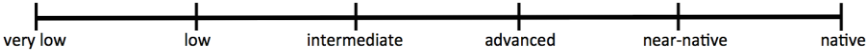
Reading proficiency:


Pronunciation:

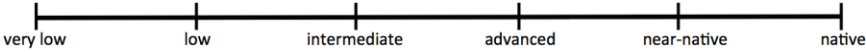
Language Background Questionnaire – Extended Version

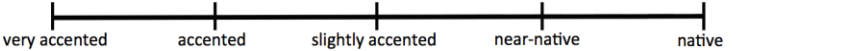
Language: _____

Oral comprehension: 

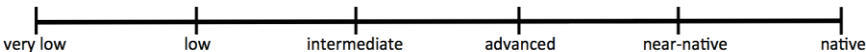
Oral production: 

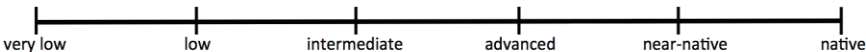
Writing proficiency: 

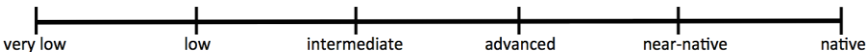
Reading proficiency: 

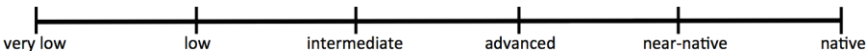
Pronunciation: 


Language: _____

Oral comprehension: 

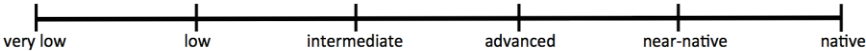
Oral production: 


Writing proficiency: 


Reading proficiency: 

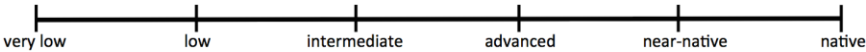
Pronunciation: 

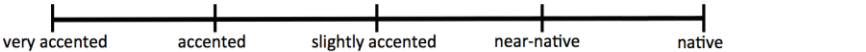
Language: _____

Oral comprehension: 

Oral production: 

Writing proficiency: 

Reading proficiency: 

Pronunciation: 

If you have been exposed to more than the above 5 languages, please list the others here and comment on your general proficiency for each:

Language Background Questionnaire – Extended Version

3. School System

What type of school(s) did you attend? Tick all that apply.

<input type="checkbox"/> English-language school	<input type="checkbox"/> French-language school
<input type="checkbox"/> French immersion program <i>Grade started: _____ Grade finished: _____</i> <input type="checkbox"/> Core French program <i>Grade started: _____ Grade finished: _____</i> <input type="checkbox"/> No French	<i>Grade started: _____ Grade finished: _____</i> Other than English literature/grammar classes, were any of your courses/ taught in English? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, comment on course and grade info at the bottom of p. 5.</i>

4. Evolution of Language Use

- In the first row, fill in the ages, grades, or calendar years corresponding to the education level specified on top of each column. **Please ask the researcher if you need help.**
- In each cell, use **percentages** to indicate your usage of/exposure to English, French, and other languages (combined) for the corresponding context and age.

Note: If your language use changed within these age groups, or if the age group is inaccurate with respect to education level, please specify by writing it inside the box or explain in the comments sections below.

	Age 2 to kindergarten	Kindergarten	Elementary school 1	Elementary school 2
Ages/grades/calendar years				
School: i.e. language of instruction.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
At home: interactions with immediate and extended family, significant other (if you lived with them) and roommates	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Friends: interactions with friends and significant other (if you did not live with them)	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Media use: social media, leisurely reading, television, cinema, radio, internet, music, etc.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Extracurricular activities: sports, hobbies, work (if part-time), etc.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Daily activities in the community: grocery store, shopping mall, restaurants, gas station, etc.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Other: _____	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:

Language Background Questionnaire – Extended Version

	High school	College/Cégep	University	Other: _____
Ages/grades/calendar years				
School: i.e. language of instruction.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
At home: interactions with immediate and extended family, significant other (if you lived with them) and roommates	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Friends: interactions with friends and significant other (if you did not live with them)	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Media use: social media, leisurely reading, television, cinema, radio, internet, music, etc.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Extracurricular activities: sports, hobbies, work (if less than 20h/week), etc.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Daily activities in the community: grocery store, shopping mall, restaurants, gas station, etc.	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Work: (if over 20h/week)	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:
Other: _____	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:	Eng: Fr: other:

Comments: _____

Thank you!