

Language Background Questionnaire

Italian/English Bilingualism Study

(1/20/00)

Subject ID number: _____ Is your hearing okay as far as you know? _____

(1) First name _____ (2) Family name: _____

(3) Gender: _____ (4) today's date (yy/mm/dd): _____

(5) Date of birth (yy/mm/dd): _____ (6) Date of arrival in CA (yy/mm/dd): _____

(7) City, Province of birth: _____

(8) 1st language _____ (9) 2nd lang. _____ (10) 3rd lang. _____

(11) % use of any kind of Italian in the past year (N/A = "not applicable")

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
while at home											
visiting family											
at work (includ. volunteer)											
visiting friends											
on the telephone											
at parties & soc-al gathering (incl. church)											

(12) Overall % use of languages in the past year (must sum to 100%; use 0% as appropriate)

(a) English _____% (b) Italian: _____% (c) French: _____% (d) Other (specify) _____%

- (13) Specific people with whom you have spoken Italian (i.e., had a conversation with) in the past year

Person #	first name or initials	relation to you	Frequency 1=never 2=sometimes 3=often
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(14) Years of formal, full-time classroom education in Italy _____ Canada _____

(15) Estimated ability in English and Italian:

	English							Italian							
	1=poor		4=Okay			7=good		1=poor		4=Okay			7=good		
	1	2	3	4	5	6	7		1	2	3	4	5	6	7
speak															
understand															
read															
write															

(16) How often do you read or write Italian?

__ Never __ 5-10 min/day __ 20-40 min/day __ 1 hour/day __ 2 hours/day __ more

(17) How often do you read or write English?

__ Never __ 5-10 min/day __ 20-40 min/day __ 1 hour/day __ 2 hours/day __ more