

# CONFIDENTIAL PARENT / GUARDIAN QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Subject ID: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Birth Weight (lb, oz): \_\_\_\_\_ Birth Term: \_\_\_\_\_ Sex:  M  F

Number of children in family: \_\_\_\_\_ Child's Birth Order:  1st born  2nd born  3rd born  Other...

Is this a normal day for your child?  Yes  No If not, please explain: .....

## LANGUAGE EXPOSURE

Child's Native Language:  English  Spanish  Other...

Is your child regularly exposed to a language other than English?  Yes  No

If yes, then please answer the following:

What language? \_\_\_\_\_ Spoken by whom? \_\_\_\_\_

How many days/week? \_\_\_\_\_ How many hours/day? \_\_\_\_\_ Since what age (in months)? \_\_\_\_\_

## VOCABULARY

Words at 9 months \_\_\_\_\_

Words at 12 months \_\_\_\_\_

Words at 15 months \_\_\_\_\_

Words at 17 months \_\_\_\_\_

Words at 18 months \_\_\_\_\_

Words at 24 months \_\_\_\_\_

Please indicate the approximate number of words your child speaks and the number of words your child understands for his/her current age. Please give examples if possible.

## HEALTH

Has your child had any major health problems (e.g., has your child ever been hospitalized)?  Yes  No

Has your child received any early intervention services?  Yes  No

Has your child had any ear infections within the last month?  Yes  No

If yes, is he/she currently on medication? \_\_\_\_\_

Does your child have any hearing loss?  Yes  No

Do any of your child's siblings have hearing loss?  Yes  No  N/A

Does your child have a language delay?  Yes  No

Do any of your child's siblings have language delays?  Yes  No  N/A

Has anyone in your child's immediate family been in speech or language therapy?  Yes  No

## ETHNICITY

Child's Ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Child's Race:  American Indian/Alaska Native  White/Caucasian  Black/African American  
 Asian  Hawaiian/Pacific Islander