

(1) Participant ID Number				(2) Age	
(3) Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Non-relevant	
(4) Education	<input type="checkbox"/> Graduate school (Doctor)	<input type="checkbox"/> Graduate school (Master)	<input type="checkbox"/> College (Bachelor)		
	<input type="checkbox"/> High school	<input type="checkbox"/> Middle school	<input type="checkbox"/> Elementary school	<input type="checkbox"/> Other	
(5) Parents' Education	Father	<input type="checkbox"/> Graduate school (Doctor)	<input type="checkbox"/> Graduate school (Master)	<input type="checkbox"/> College (Bachelor)	
		<input type="checkbox"/> High school	<input type="checkbox"/> Middle school	<input type="checkbox"/> Elementary school	<input type="checkbox"/> Other
	Mother	<input type="checkbox"/> Graduate school (Doctor)	<input type="checkbox"/> Graduate school (Master)	<input type="checkbox"/> College (Bachelor)	
		<input type="checkbox"/> High school	<input type="checkbox"/> Middle school	<input type="checkbox"/> Elementary school	<input type="checkbox"/> Other
(6) Handedness	<input type="checkbox"/> Right-handed	<input type="checkbox"/> Left-handed	<input type="checkbox"/> Ambidextrous		

(7) Indicate your native language(s) and any other languages you have studied or learned, the age at which you started using each language in terms of listening, speaking, reading, and writing, and the total number of years you have spent using each language.

* For Years of Use, you may have learned a language, stopped using it, and then started using it again. Please give the total accumulative number of years.

Language	Listening	Speaking	Reading	Writing	Years of use*

(8) Where is your country of origin?

(9) Where is your current country of residence?

(10) If you have lived or traveled in countries other than your country of residence for three months or more, then indicate the name of the country, your length of stay (in Months), the language you used, and the frequency of your use of the language, for each country.

Note: You may have been to the country on multiple occasions, each for a different length of time. Add all the trips together.

	Never	Rarely	Sometimes	Regularly	Often	Usually	Always
	1	2	3	4	5	6	7
Country	Length of stay (In months*)		Language		Frequency of use		
					<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.		
					<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.		
					<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.		
					<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.		

(11) Indicate the way you learned or acquired your non-native language(s). Check one or more boxes that apply.

* e.g., immigrating to another country where the dominant language is different from your native language so you learn this language through immersion in the language environment.

Non-native language	Immersion*	Classroom instruction	Self-learning
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(12) Indicate the age at which you started using each of the languages you have studied or learned in the following environments (including your native language).

Language	At home	With friends	At school	At work	Language software	Online games

(13) Indicate the language(s) used by your teachers for instruction at each educational level. If the instructional language switched during any educational level, then also indicate the "Switched to" language. If you had a bilingual education at any educational level, then write the names of the languages and check the box under "Multiple Languages".

Environment	Language	(Switched to)	Multiple languages
Elementary school			<input type="checkbox"/>
Middle school			<input type="checkbox"/>
High school			<input type="checkbox"/>
College (Bachelor)			<input type="checkbox"/>
Graduate school (Master)			<input type="checkbox"/>
Graduate school (Doctor)			<input type="checkbox"/>

(14) Rate your language learning skill. In other words, how good do you feel you are at learning new languages, relative to your friends or other people you know?

Very poor	Poor	Limited	Average	Good	Very good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

(15) Rate your current ability in terms of listening, speaking, reading, and writing in each of the languages you have studied or learned (including your native language).

	Very poor	Poor	Limited	Average	Good	Very good	Excellent
	1	2	3	4	5	6	7
Language	Listening	Speaking	Reading	Writing			

(16) Rate the strength of your foreign accent for each of the languages you have studied or learned.

	None	Very weak	Weak	Moderate	Strong	Very strong	Extreme
	1	2	3	4	5	6	7
Language	Accent						
	<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.						
	<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.						
	<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.						
	<input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7.						

(17) If you have taken any standardized language proficiency tests (e.g., TOEFL, IELTS, TOEIC, etc.), then indicate the name of the test, the language assessed, and the score you received for each. If you do not remember the exact score, then indicate an "Approximate score" instead.

Test	Year taken	Language	Score	Approximate score

(18) Estimate how many hours per day you spend in the following activities in each of the languages you have studied or learned (including your native language).

Language	Watching television	Listening to radio/podcasts	Reading for fun	Reading for school/work	Using social media and Internet	Writing for school/work

(19) Estimate how many hours per day you spend speaking with the following groups of people in each of the languages you have studied or learned (including your native language).

* Include significant others in this category if you did not include them as family members (e.g., married partners).

** Include anyone in the work environment in this category (e.g., if you are a teacher, include students as co-workers).

Language	Family members	Friends*	Classmates	Others (co-workers**, roommates, etc.)

(20) If you use mixed languages in daily life, please indicate the languages that you mix and estimate the frequency of mixing in normal conversation with the following groups of people.

Never Rarely Sometimes Regularly Often Usually Always

1 2 3 4 5 6 7

	Language 1	Language 2	Frequency of mixing
Family members			
Friends			
Classmates			
Others (co-workers, roommates, etc.)			

(21) In which language do you communicate best or feel most comfortable in terms of listening, speaking, reading, and writing in each of the following environments? You may indicate the same language for all or some of the fields below.

	Listening	Speaking	Reading	Writing
At home				
With friends				
At school				
At work				

(22) How often do you use each of the languages you have studied or learned for the following activities (including your native language)?

* This includes shouting, cursing, showing affection, etc. ** This includes counting, calculating tips, etc. *** This includes telephone numbers, ID numbers, etc.

	Never	Rarely	Sometimes	Regularly	Often	Usually	Always
	1	2	3	4	5	6	7
Language	Thinking	Talking to yourself	Expressing emotion*	Dreaming	Arithmetic**	Remembering numbers***	Praying

(23) What percentage of your friends speaks each of the languages you have studied or learned (including your native language)?

Language	Percentage
	%
	%
	%
	%

(24) Which cultures/languages do you identify with more strongly? Rate the strength of your connection in the following categories for each culture/language.

	None	Very weak	Weak	Moderate	Strong	Very strong	Extreme
	1	2	3	4	5	6	7
Culture/Language	Way of life	Food	Music	Art	Cities/Towns	Sports teams	

(25) Use the comment box below to indicate any additional answers to any of the questions above that you feel better describe your language background or usage.

(26) Use the comment box below to provide any other information about your language background or usage.

(27) Do you also speak/use any dialects of the languages you know? Please indicate the name(s) of the dialect and the degree you use them.
