Participant Name _____   Age _____   Date _____/_____/_____
Clinician Name _____
Person interviewed and relation to participant _____

Language Use Questionnaire

Directions for person administering this questionnaire:

1. Answer ALL questions.

2. When asking questions about the participant's lifetime exposure, put the questions in context. For example: 'When you used to work at the restaurant, did you speak English during your shift or did you speak your first language?' OR 'How did you spend your day?' OR 'Who did you talk to regularly?'

3. When asking questions about the participant's confidence, create a framework/scenario for the participant. For example, 'When you used to answer the phone at home, did you feel comfortable?' OR 'When you spoke to your neighbors did you feel comfortable?' OR 'When you had to talk with your son's teacher, did you feel comfortable speaking English? Did you feel okay listening to what the teacher had to say?'

4. It is your responsibility to tell the appropriate person in the lab that the LUQ is completed and ready to be entered on the master spreadsheet.

Participant Name _____ Age _____   Date _____/_____/_____

Language Use Questionnaire

This questionnaire is related to the amount of English and your other language (specify) _____ you have been exposed to in your life.

1. At what age did you acquire your second language? _____

2. 6 months prior to your stroke, what percent of the time did you speak English and your other language?

    ____% English   ____% other language

Participant Name _____ Age _____   Date ____/____/_____

Daily Usage BEFORE Your Stroke

Directions: For activity, include what you were engaged in (e.g., breakfast, work, etc) during your regular day. For partners, include who was interacting with you in the given activity (e.g., mother, grandfather, siblings, etc.). For language(s), use **O** for Other language, **E** for English, **B** for both.

Home Language Profile/Routine: **WEEKDAY**

Time	Activity	Conversation Partner(s)	Language(s)			
7am			Participant	Other	English	Both
			Partner	Other	English	Both
8am			Participant	Other	English	Both
			Partner	Other	English	Both
9am			Participant	Other	English	Both
			Partner	Other	English	Both
10am			Participant	Other	English	Both
			Partner	Other	English	Both
11am			Participant	Other	English	Both
			Partner	Other	English	Both
12pm			Participant	Other	English	Both
			Partner	Other	English	Both
1pm			Participant	Other	English	Both
			Partner	Other	English	Both
2pm			Participant	Other	English	Both
			Partner	Other	English	Both
3pm			Participant	Other	English	Both
			Partner	Other	English	Both
4pm			Participant	Other	English	Both
			Partner	Other	English	Both
5pm			Participant	Other	English	Both
			Partner	Other	English	Both
6pm			Participant	Other	English	Both
			Partner	Other	English	Both
7pm			Participant	Other	English	Both
			Partner	Other	English	Both
8pm			Participant	Other	English	Both
			Partner	Other	English	Both
9pm			Participant	Other	English	Both
			Partner	Other	English	Both
10pm			Participant	Other	English	Both
			Partner	Other	English	Both
11pm			Participant	Other	English	Both
			Partner	Other	English	Both

Daily Usage BEFORE Your Stroke

Directions: For activity, include what you were engaged in (e.g., breakfast, work, etc) during your regular day. For partners, include who is interacting with you in the given activity (e.g., mother, grandfather, siblings, etc.). For language(s), use **O** for Other language, **E** for English, **B** for both.

Home Language Profile/Routine: **WEEKEND**

Time	Activity	Conversation Partner(s)	Language(s)			
7am			Participant	Other	English	Both
			Partner	Other	English	Both
8am			Participant	Other	English	Both
			Partner	Other	English	Both
9am			Participant	Other	English	Both
			Partner	Other	English	Both
10am			Participant	Other	English	Both
			Partner	Other	English	Both
11am			Participant	Other	English	Both
			Partner	Other	English	Both
12pm			Participant	Other	English	Both
			Partner	Other	English	Both
1pm			Participant	Other	English	Both
			Partner	Other	English	Both
2pm			Participant	Other	English	Both
			Partner	Other	English	Both
3pm			Participant	Other	English	Both
			Partner	Other	English	Both
4pm			Participant	Other	English	Both
			Partner	Other	English	Both
5pm			Participant	Other	English	Both
			Partner	Other	English	Both
6pm			Participant	Other	English	Both
			Partner	Other	English	Both
7pm			Participant	Other	English	Both
			Partner	Other	English	Both
8pm			Participant	Other	English	Both
			Partner	Other	English	Both
9pm			Participant	Other	English	Both
			Partner	Other	English	Both
10pm			Participant	Other	English	Both
			Partner	Other	English	Both
11pm			Participant	Other	English	Both
			Partner	Other	English	Both

Participant Name _____ Age _____   Date _____/_____/_____

Daily Usage AFTER Your Stroke

Directions: For activity, include what you are engaged in (e.g., breakfast, work, etc) during your regular day. For partners, include who was interacting with you in the given activity (e.g., mother, grandfather, siblings, etc.). For language(s), use **O** for Other language, **E** for English, **B** for both.

Home Language Profile/Routine: **WEEKDAY**

Time	Activity	Conversation Partner(s)	Language(s)			
7am			Participant	Other	English	Both
			Partner	Other	English	Both
8am			Participant	Other	English	Both
			Partner	Other	English	Both
9am			Participant	Other	English	Both
			Partner	Other	English	Both
10am			Participant	Other	English	Both
			Partner	Other	English	Both
11am			Participant	Other	English	Both
			Partner	Other	English	Both
12pm			Participant	Other	English	Both
			Partner	Other	English	Both
1pm			Participant	Other	English	Both
			Partner	Other	English	Both
2pm			Participant	Other	English	Both
			Partner	Other	English	Both
3pm			Participant	Other	English	Both
			Partner	Other	English	Both
4pm			Participant	Other	English	Both
			Partner	Other	English	Both
5pm			Participant	Other	English	Both
			Partner	Other	English	Both
6pm			Participant	Other	English	Both
			Partner	Other	English	Both
7pm			Participant	Other	English	Both
			Partner	Other	English	Both
8pm			Participant	Other	English	Both
			Partner	Other	English	Both
9pm			Participant	Other	English	Both
			Partner	Other	English	Both
10pm			Participant	Other	English	Both
			Partner	Other	English	Both
11pm			Participant	Other	English	Both
			Partner	Other	English	Both

Daily Usage AFTER Your Stroke

Directions: For activity, include what you are engaged in (e.g., breakfast, work, etc) during your regular day. For partners, include who was interacting with you in the given activity (e.g., mother, grandfather, siblings, etc.). For language(s), use **O** for Other language, **E** for English, **B** for both.

Home Language Profile/Routine: **WEEKEND**

Time	Activity	Conversation Partner(s)	Language(s)			
7am			Participant	Other	English	Both
			Partner	Other	English	Both
8am			Participant	Other	English	Both
			Partner	Other	English	Both
9am			Participant	Other	English	Both
			Partner	Other	English	Both
10am			Participant	Other	English	Both
			Partner	Other	English	Both
11am			Participant	Other	English	Both
			Partner	Other	English	Both
12pm			Participant	Other	English	Both
			Partner	Other	English	Both
1pm			Participant	Other	English	Both
			Partner	Other	English	Both
2pm			Participant	Other	English	Both
			Partner	Other	English	Both
3pm			Participant	Other	English	Both
			Partner	Other	English	Both
4pm			Participant	Other	English	Both
			Partner	Other	English	Both
5pm			Participant	Other	English	Both
			Partner	Other	English	Both
6pm			Participant	Other	English	Both
			Partner	Other	English	Both
7pm			Participant	Other	English	Both
			Partner	Other	English	Both
8pm			Participant	Other	English	Both
			Partner	Other	English	Both
9pm			Participant	Other	English	Both
			Partner	Other	English	Both
10pm			Participant	Other	English	Both
			Partner	Other	English	Both
11pm			Participant	Other	English	Both
			Partner	Other	English	Both

Family Proficiency

Directions: Write the age intervals (in years) of when your parents have lived in the countries stated below. If they have lived all their life in one country please indicate which country.

	Father	**Mother**
United States		
Other country (specify the country) _____		
All their life in (specify the country) _____		
Not applicable		

Directions: Please rate the ability of the following people in each language. Specify the other language_____.

		Proficiency rating				
		Not confident	25% confident	50% confident	75% confident	Strong confident
	Language					
Mother	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
Father	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
Siblings	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐

Educational History

How many years of education have you had? _____

What was the language you used at school during:	Other	English	Both
Elementary?	1	2	3
High school?	1	2	3
College?	1	2	3
Which language did you prefer to speak at school during:			
Elementary?	1	2	3
High school?	1	2	3
College?	1	2	3
What language did other students speak at school during:			
Elementary?	1	2	3
High school?	1	2	3
College?	1	2	3

Were you taught in any additional languages?   YES   NO

If so, which language(s)?

Have your language use patterns changed in the last five years? If yes, how?

Lifetime Exposure

Directions: For the following age ranges, please select which language you heard, spoke and read the most. For example, if you indicate you heard English 75% of the time in the age range of 6-9, it means that you heard the other language the remaining 25% of the time. If you were exposed only to one language in a specific age range, please select the 100% box for that language.

	LANGUAGE YOU HEARD THE MOST				
Age	**Other language 100%**	**25%English-75% other**	**50%-50%**	**75% English-25% other**	**English 100%**
0-3	☐	☐	☐	☐	☐
3-6	☐	☐	☐	☐	☐
6-9	☐	☐	☐	☐	☐
9-12	☐	☐	☐	☐	☐
12-15	☐	☐	☐	☐	☐
15-18	☐	☐	☐	☐	☐
18-21	☐	☐	☐	☐	☐
21-24	☐	☐	☐	☐	☐
24-27	☐	☐	☐	☐	☐
27-30	☐	☐	☐	☐	☐
30 and up	☐	☐	☐	☐	☐

	LANGUAGE YOU SPOKE THE MOST				
Age	**Other language 100%**	**25%English-75% other**	**50%-50%**	**75% English-25% other**	**English 100%**
3-6	☐	☐	☐	☐	☐
6-9	☐	☐	☐	☐	☐
9-12	☐	☐	☐	☐	☐
12-15	☐	☐	☐	☐	☐
15-18	☐	☐	☐	☐	☐
18-21	☐	☐	☐	☐	☐
21-24	☐	☐	☐	☐	☐
24-27	☐	☐	☐	☐	☐
27-30	☐	☐	☐	☐	☐
30 and up	☐	☐	☐	☐	☐

Participant Name _____ Age _____   Date _____/_____/_____

	LANGUAGE YOU <mark>READ</mark> THE MOST				
	Other language 100%	25%English-75% other	50%-50%	75% English-25% other	English 100%
Age					
3-6	☐	☐	☐	☐	☐
6-9	☐	☐	☐	☐	☐
9-12	☐	☐	☐	☐	☐
12-15	☐	☐	☐	☐	☐
15-18	☐	☐	☐	☐	☐
18-21	☐	☐	☐	☐	☐
21-24	☐	☐	☐	☐	☐
24-27	☐	☐	☐	☐	☐
27-30	☐	☐	☐	☐	☐
30 and up	☐	☐	☐	☐	☐

Participant Name _____ Age _____   Date ____/____/_____

Confidence

Directions: For the following age ranges please indicate which language gave you the most confidence when speaking, hearing and reading it. Confidence does not mean the language you used the most. It means the language that gave you the most self-confidence when speaking, listening or reading. For example, it might be possible that between 9-12 years of age you heard English at school and your other language at home. However, you felt more self-confident when hearing your other language than English. If you were exposed to only one language in a specific age, answer for the exposed language only.

		CONFIDENCE IN HEARING				
Age	**Language**	**Not confident**	**25% confident**	**50% confident**	**75% confident**	**Strong confident**
3-6	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
6-9	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
9-12	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
12-15	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
15-18	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
18-21	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
21-24	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
24-27	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
27-30	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
30 and up	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐

Participant Name _____ Age _____ Date ____/____/_____

		CONFIDENCE IN SPEAKING				
Age	**Language**	**Not confident**	**25% confident**	**50% confident**	**75% confident**	**Strong confident**
3-6	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
6-9	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
9-12	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
12-15	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
15-18	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
18-21	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
21-24	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
24-27	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
27-30	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
30 and up	**English**	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐

Participant Name _____ Age _____ Date _____/_____/_____

Age	Language	CONFIDENCE IN READING				
		Not confident	25% confident	50% confident	75% confident	Strong confident
6-9	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
9-12	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
12-15	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
15-18	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
18-21	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
21-24	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
24-27	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
27-30	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐
30 and up	English	☐	☐	☐	☐	☐
	Other	☐	☐	☐	☐	☐

Participant Name _____ Age _____   Date _____/_____/_____

Language Ability Rating

Before Stroke

We would like to understand how comfortable you were in English and your other language before your stroke. Please circle the number (1-5) that best represented your ability to communicate in each speaking and listening situation. **Please see the number descriptions below:**

1. I am non-fluent and speak at the single word level.

2. I use phrases to communicate. I understand short sentences. I understand and can use common expressions, greetings, and simple requests.

3. I can participate in simple one-on-one conversation. I communicate primarily using concrete sentences. I do not use elaborate tense changes of grammar when speaking. I can read directions, fill out forms, read medications and bus schedules, etc. My comprehension is better when competing distractions are not present, e.g. loud background noise.

4. I can participate in complex conversation, e.g. about detailed opinions, information, politics. I incorporate complex tense changes when speaking. I understand detailed descriptions or instructions, talk on the phone with ease, can follow dialogue in a movie, read newspapers and magazines with ease.

5. Native fluency. I speak this language like my first language. I can explain a concept in multiple ways, I have metacognition (you know grammar is correct because it "sounds" right); I have a rapid, automatic speech rate with minimal word retrieval problems. I understand the majority of idioms, slang, and proverbs.

English	**Non-fluent**				**Native Fluency**
Overall ability	1	2	3	4	5
Speaking in casual conversations	1	2	3	4	5
Listening in casual conversations	1	2	3	4	5
Speaking in formal situations	1	2	3	4	5
Listening in formal situations	1	2	3	4	5
Reading	1	2	3	4	5
Writing	1	2	3	4	5

Other language	**Non-fluent**				**Native Fluency**
Overall ability	1	2	3	4	5
Speaking in casual conversations	1	2	3	4	5
Listening in casual conversations	1	2	3	4	5
Speaking in formal situations	1	2	3	4	5
Listening in formal situations	1	2	3	4	5
Reading	1	2	3	4	5
Writing	1	2	3	4	5

Participant Name _____ Age _____   Date _____/_____/_____

Language Ability Rating

After Stroke

We would like to understand how comfortable you are in English and your other language. Please circle the number (1-5) that best represents your ability to communicate in each speaking and listening situation. **Please see the number descriptions below:**

1. I am non-fluent and speak at the single word level.

2. I use phrases to communicate. I understand short sentences. I understand and can use common expressions, greetings, and simple requests.

3. I can participate in simple one-on-one conversation. I communicate primarily using concrete sentences. I do not use elaborate tense changes of grammar when speaking. I can read directions, fill out forms, read medications and bus schedules, etc. My comprehension is better when competing distractions are not present, e.g. loud background noise.

4. I can participate in complex conversation, e.g. about detailed opinions, information, politics. I incorporate complex tense changes when speaking. I understand detailed descriptions or instructions, talk on the phone with ease, can follow dialogue in a movie, read newspapers and magazines with ease.

5. Native fluency. I speak this language like my first language. I can explain a concept in multiple ways, I have metacognition (you know grammar is correct because it "sounds" right); I have a rapid, automatic speech rate with minimal word retrieval problems. I understand the majority of idioms, slang, and proverbs.

English	**Non-fluent**				**Native Fluency**
Overall ability	1	2	3	4	5
Speaking in casual conversations	1	2	3	4	5
Listening in casual conversations	1	2	3	4	5
Speaking in formal situations	1	2	3	4	5
Listening in formal situations	1	2	3	4	5
Reading	1	2	3	4	5
Writing	1	2	3	4	5

Other language	**Non-fluent**				**Native Fluency**
Overall ability	1	2	3	4	5
Speaking in casual conversations	1	2	3	4	5
Listening in casual conversations	1	2	3	4	5
Speaking in formal situations	1	2	3	4	5
Listening in formal situations	1	2	3	4	5
Reading	1	2	3	4	5
Writing	1	2	3	4	5

Participant Name _____ Age _____   Date ____/____/_____

Summary of Impressions