



Parent/guardian questionnaire

Questionnaire completed by (please indicate):

Mother

Father

Other guardian

PÅ SPORET 

Questions concerning the child:

First name: Surname:
 Date of birth Day: Month: Year:
 Which language does your child speak most at home?

Do the child's parents live together? (please indicate) Yes No

If no, does the child mostly live with (please indicate):

Mother
 Father
 Shared equally
 Other

Please indicate in the appropriate box:

	Yes	No	Don't know
Can your child hear normally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child suffer from earache often?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child right-handed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever worry about your child's language comprehension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child struggle to pay attention when playing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child have problems in understanding instructions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child registered with the support services/ Pedagogic Psychological Services (PPT)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child receive special educational help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child attend an after-school scheme?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nursery:

Please indicate in the appropriate box:

	Yes	No	Don't know
Has your child attended nursery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many years has your child attended nursery?	<input type="text"/>		
Which nursery did your child attend last year?	<input type="text"/>		

Questions concerning the mother:

What is the mother tongue of the mother?
 Which language does the mother use most when talking to the child?

Please indicate the highest level of education attained by the mother:

Secondary school
 Upper secondary school/Certificate of apprenticeship
 University college/University





Questions concerning the father:

What is the mother tongue of the father?

What language does the father use most when talking to the child?

Please indicate the highest level of education attained by the father

Secondary school

Upper secondary school/Certificate of apprenticeship

University college/University

Has anyone in the child's biological family experienced reading and writing difficulties?

Please indicate in the appropriate box:

	Yes	No	Don't know
Mother -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal grandmother -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal grandfather -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling of mother -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cousin on mother's side -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal grandfather -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal grandmother -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling of father -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cousin on father's side -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the most appropriate option:

How often do you go to the library with your child?

- several times a week
 once a week
 about once a month
 rarely
 never

How often do you read to your child?

- daily
 several times a week
 once a week
 monthly
 never

How old was your child when you first started reading to him/her?

- Younger than two
 aged 2-3
 aged 3-4
 aged 4-5
 never read to child

How many books/picture books do you have for your child at home?

- None
 1-10 books
 11-20 books
 21-40 books
 more than 40 books

How many hours a day does your child spend watching TV/films?

more than three hours 2-3 hours 1-2 hours less than one hour rarely or never

How often does your child play computer games (using a TV, tablet, computer, DS, etc.)?

several times a day up to one hour a day several times a week once a week rarely

How often does your child take part in activities or games where Norwegian is spoken (in addition to time spent at school/after-school schemes)?

daily several times a week weekly rarely never

Have you taught your child the letters of the alphabet? ----- Yes No

How often do you read books for yourself?

several times a week once a week monthly a few times a year never

How often do you read newspapers/magazines/periodicals for yourself?

several times a week once a week monthly a few times a year never

Indicate whether you agree or disagree with the following statements:

Com-pletely agree Agree to some extent Disa-gree to some extent Com-pletely disa-gree

My child often asks to be read to. -----

I ask the child questions while we are reading picture books. -----

The child takes an interest in letters. -----

There is usually a smartphone/tablet around when I am at home. -----

I only read when I have to. -----

Thank you for taking the time to answer this questionnaire!

If you have any questions concerning the study, please contact:

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