Foreign Language Expert Demographics Survey

Thank you for participating in the TRANSTAC program. The information requested in this form will be used to understand your language background and experience. Please complete it as fully as possible.

1. Age: _____ 2. Gender: € Male € Female

3. Highest degree: _____

4. What parts of your education had <focus-language> as the primary language? (for example: elementary school?, middle school?, high school?, college?)

_____

_____

5. Where did you live as a young child? _____

6. Other places you lived and at what ages:

_____

_____

7. When did you learn English? _____

8. What dialect(s) of <focus-language> do your speak?

_____

9. Name a large town where people speak your (primary) dialect of <focus-language> the same way that you speak it?

_____

10. What dialect(s) of <focus-language> do your parents (or whoever raised you) speak? If your parents (or whoever raised you) speak different dialects, name all dialects.

_____

11. Any other notable language influences? E.g., spouse frequently uses another language.

_____

_____

12. What is your occupation? _____

13. How often do you use a computer at home?

0	1	2	3	4	5
N/A	Never	Rarely	Occasionally	Frequently	A Lot

14. How often do you use a computer at work?

0	1	2	3	4	5
N/A	Never	Rarely	Occasionally	Frequently	A Lot

Thank you for your participation.

15. How comfortable are you with using computers?

0	1	2	3	4	5
N/A	Not Comfortable	A Little Uncomfortable	OK	Mostly Comfortable	Very Comfortable

16. How comfortable are you with speaking <focus-language>:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

17. How comfortable are you with understanding spoken <focus-language>:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

18. How comfortable are you with reading <focus-language>:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

19. How comfortable are you with writing <focus-language>:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

20. How comfortable are you with speaking English:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

21. How comfortable are you with understanding spoken English:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

22. How comfortable are you with reading English:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

23. How comfortable are you with writing English:

0	1	2	3	4	5
N/A	Not Confident	A Little Confident	OK	Mostly Confident	Very Confident

NOTE: This survey contains collection of information requirements subject to the Paperwork Reduction Act. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB control number. The estimated response time for this survey is 4.9 minutes. The response time includes the time for reviewing instructions,

Thank you for your participation.

searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information." OMB Number: 0693-0043 Expiration: 10/31/2012.

Thank you for your participation.