

Profiling Receptive and Expressive Prosodic Skills in  
Children with Spina Bifida and Hydrocephalus

# Parent Questionnaire

## *Medical History*

1. How often does your child currently use a wheelchair for mobility? (please tick)

Always ☐ Sometimes ☐ Never ☐

2. Does your child use any other mobility aids and/or devices? Please give details

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3. How many times has your child's shunt been revised since birth?

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4. What is the level of your child's spina bifida lesion?

Upper ☐ Lower ☐

Please specify:

Cervical ☐ Thoracic ☐ Lumbar ☐ Sacral ☐ Don't know ☐

5. Has your child been diagnosed with epilepsy?

Yes ☐ No ☐

### ***Speech and Language Therapy History***

5. Has your child ever received speech and language therapy?

Yes ☐ No ☐

6. Please give any details about your child's previous speech and language therapy (including frequency of therapy and therapy targets)

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7. Does your child receive any learning support and/or resource in school? How much?

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### ***Language Background***

8. My child has lived in Ireland for the last 3 years.

Yes ☐ No ☐

9. My child has been exposed to the Irish-English language (English spoken with an Irish accent) at home and/or at school for 3 years?

Yes ☐ No ☐

10. Please describe any other languages that your child is exposed to at home (apart from English), if any, and who they speak it with.

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11. Please describe the accents that your child is exposed to (i.e. spoken by your family/child-minder/teacher)

Possible examples: "my whole family and child's teacher have Irish accents"

"the child's father speaks with a Scottish accent and the rest of the family have Irish accents"

"I have an English accent, my partner has a French accent and the child-minder has a Polish accent"

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