



TNS BMRB



Comisiynydd y  
Gymraeg  
Welsh Language  
Commissioner



Llywodraeth Cymru  
Welsh Government



## National Survey for Wales - Welsh Language Use Survey 2014-15

YOUNG PERSON'S QUESTIONNAIRE (3 TO 15 YEARS OLD)

### Interviewer to write in:

SERIAL NUMBER       PERSON NUMBER

QUESTIONNAIRE TO BE COMPLETED BY PARENT/GUARDIAN ABOUT \_\_\_\_\_

This questionnaire is about the Welsh Language. We are interested in finding out more about the type of situations in which people use Welsh. All of your answers will be treated in confidence. Your answers will be anonymised so that no one can know who the information relates to you, before being passed to the Welsh Government and the Welsh Language Commissioner who will use the information you give.

**If you have any questions or concerns about this survey, please contact the National Survey team on 029 2082 6685 or [surveys@wales.gsi.gov.uk](mailto:surveys@wales.gsi.gov.uk)**

I very much hope you will be able to take part. Please return this questionnaire in the pre-paid envelope provided or to the address shown at the end of the questionnaire.

Thank you very much for your help in advance.

Yours faithfully,

Steven Marshall  
Chief Social Research Officer of the Welsh Government

### HELPFUL HINTS FOR COMPLETING THIS QUESTIONNAIRE

- This questionnaire should be completed by the parent/guardian of the child whose name appears above, or if the child is over 12, by the named child themselves, if the parent/guardian and child prefer - the parent will need to sign the consent at the end of the questionnaire.
- Please read each question and cross a box to indicate your answer.
- In most cases you will only have to cross one box, but please read the questions carefully as sometimes you will need to cross more than one box.
- If you make a mistake or change your mind, completely block out the box you have crossed  and then put a cross in your preferred answer box.
- You will need to use **black ink ONLY**.
- Answer each question in order unless asked otherwise.
- Once you have finished, please take a minute to check you have answered all the questions that you should have answered.
- The survey consists of 3 pages and should take you no longer than 5 minutes to complete.

**Q1. Can your child understand, speak, read or write Welsh?**

Please cross as many boxes as apply

Understand spoken Welsh	Speak Welsh	Read Welsh	Write Welsh	None of these
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have **NOT** selected 'Speak Welsh' at Q1, there are no further questions to answer. Thank you for taking part. Please return the questionnaire in the envelope provided.  
 If you **HAVE** selected 'Speak Welsh' at Q1, please proceed to Q2.

**Q2. Which of the following best describes your child's ability to speak Welsh?**

Please cross one box only

Fluent in Welsh	Can speak a fair amount of Welsh	Can only speak a little Welsh	Can say just a few words
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3. Where did your child mainly learn to speak Welsh?**

Please cross one box only

- At home, as a young child
  - At nursery (aged 3-4)
  - At primary school (aged 5-10)
  - At secondary school (aged 11+)
  - Somewhere else *Please give details below*
- 

**Q4. How well can each of the following family members speak Welsh?**

Please cross one box in each row

	Fluent	Fairly Fluent	Some Welsh	No Welsh	Don't know	N/A
Child's father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's brother(s)/sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q5. What language does your child mainly speak in the following situations...**

Please cross one box in each row

	Always/ almost always Welsh	Mainly Welsh	Roughly equal use of Welsh and English	Mainly English	Always/ almost always English	Other	N/A
At home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking to...							
Father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6. How often does your child speak Welsh?**

Please cross one box only

Daily	Weekly	Less often	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q7. What language does your child usually use to do each of the following...**

Please cross one box in each row

	Always/ almost always Welsh	Mainly Welsh	Roughly equal use of Welsh and English	Mainly English	Always/ almost always English	Other	N/A
To send a text message from a mobile phone to a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To send an email to a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On social networking sites (e.g. Bebo, Facebook)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer Q8 if your child is at secondary school – otherwise, please go to Q9**

**Q8. In which language is your child taught the following subjects at secondary school?**

Please cross one box in each row

	Always/ almost always Welsh	Mainly Welsh	Roughly equal use of Welsh and English	Mainly English	Always/ almost always English	Other	N/A
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art and Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and Communication Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9. In the last year, has your child attended an event or activity held in Welsh, and not organised by their school** (e.g. organised by a community sports club, Menter Iaith, the Urdd etc.)...

Please cross one box in each row

	Yes	No	Don't know/ Not applicable
<b>social or cultural</b> event or activity held in Welsh (e.g. concert, eisteddfod, gig, choir, or society)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>sporting</b> event or activity held in Welsh (e.g. sports club, society or course)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10. In the last year, has your child attended an event or activity held in Welsh, organised by their school outside of school hours...**

Please cross one box in each row

	Yes	No	Don't know/ Not applicable
<b>social or cultural</b> event or activity held in Welsh (e.g. concert, eisteddfod, gig, choir, or society)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>sporting</b> event or activity held in Welsh (e.g. sports club, society or course)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11. Who completed this questionnaire?**

Please cross one box only

- Child
- Parent/ Guardian

Parent to sign here if child completing questionnaire \_\_\_\_\_

Thank you for completing the questionnaire.

**Please now return it in the envelope provided.**

If you have misplaced or did not receive an envelope, please return the questionnaire to

**Freepost RRZG-HCJK-ITSE**  
**TNS**  
**Olympus Avenue**  
**Tachbrook Park**  
**Warwick**  
**CV34 6RJ**