

**Language Research Registry — Adult Information Form**

*You may skip any question you do not wish to answer or that makes you uncomfortable.*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Dominant hand: Right Left Neither

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Preference: Email Cell Phone Home Phone

When is the best time to reach you? Morning Afternoon Evening

What languages do you speak? \_\_\_\_\_

If you are pregnant and you wish to be contacted about enrolling your newborn in the registry, please provide

your due date: \_\_\_\_\_ Are you Hispanic/Latino? YES NO

Race (*circle all that apply*): American Indian/Alaska Native Native Hawaiian or Other Pacific Islander  
Black or African American Asian White

Are you a student? YES NO If YES, where do you attend school? \_\_\_\_\_

What is the highest level of schooling you have completed? \_\_\_\_\_

Has anyone ever told you that you have any of the following (*check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> Language impairment, delay, or disability                                  | <input type="checkbox"/> Hearing loss (any type or severity)                                |
| <input type="checkbox"/> Intellectual, cognitive, or learning disability (not specific to language) | <input type="checkbox"/> Vision impairment (not corrected-to-typical with glasses/contacts) |
| <input type="checkbox"/> ASD (Autism Spectrum Disorder, including Asperger Syndrome)                | <input type="checkbox"/> Dyslexia   |
| <input type="checkbox"/> ADHD (Attention-Deficit/Hyperactivity Disorder)                            | <input type="checkbox"/> Other reading disability (not dyslexia)                            |
| <input type="checkbox"/> Neurological impairment (epilepsy, TBI, etc.)                              | <input type="checkbox"/> Motor disability   |
|   | <input type="checkbox"/> Other disability   |

If YES, can you tell us more about that? Use the back of this form if needed. \_\_\_\_\_

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**\*You may complete a secure online version of this form at [udel.edu/LanguageRegistry](http://udel.edu/LanguageRegistry). If you use the paper form, please mail it, along with the signed consent form, to:**

**Language Research Registry  
540 South College Ave  
CSCD Department, University of Delaware  
Newark, DE, 19713**