

LANGUAGE QUESTIONNAIRE
Autism Genetic Resource Exchange (AGRE)

Regarding Parents and Unaffected Siblings

Administrator: _____ **Date:** _____

Indicate the name and AU-ped for each PARENT and UNAFFECTED child.

	Name	AU-PED:
Mother		
Father		
Unaffected Child 1		
Unaffected Child 2		
Unaffected Child 3		
Unaffected Child 4		

I have some questions about your family’s speech and language development. These questions are specifically about you, your husband, and your unaffected children. We have already collected this information for your affected children.

Let’s start with you.

[Finish questions 1-7, then go back and repeat for each additional family member.]

1. How was your speech and language development?

Mother: Normal Delayed Unknown

Father: Normal Delayed Unknown

Unaffected child 1 Normal Delayed Unknown

1a. What was this child’s age when s/he said his/her first word? _____

1b. What was this child’s age when s/he said his/her first phrase? _____

Unaffected child 2 Normal Delayed Unknown

1a. What was this child’s age when s/he said his/her first word? _____

1b. What was this child’s age when s/he said his/her first phrase? _____

Unaffected child 3 Normal Delayed Unknown

1a. What was this child’s age when s/he said his/her first word? _____

1b. What was this child’s age when s/he said his/her first phrase? _____

Unaffected child 4 Normal Delayed Unknown

1a. What was this child's age when s/he said his/her first word? _____

1b. What was this child's age when s/he said his/her first phrase? _____

2. Did you ever have articulation problems?

Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

3) Did you ever stutter?

Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

4) Did you ever receive speech and language therapy?

Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaffected child 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

5) Did you ever have difficulty learning to read?

None				A Great Deal
0	1	2	3	4
Mother		_____		
Father		_____		
Unaffected child 1		_____		
Unaffected child 2		_____		

Unaffected child 3 _____
 Unaffected child 4 _____

6) Did you ever have reading problems that were more serious than your peers?

Not At All	Less Than Most	About the Same As Most	More Than Most	Much More Than Most
0	1	2	3	4

Mother _____
 Father _____
 Unaffected child 1 _____
 Unaffected child 2 _____
 Unaffected child 3 _____
 Unaffected child 4 _____

7) Did you ever receive extra help in reading (e.g., therapy, special reading group, tutor)?

HELP FROM:

No Help	Friends	Teacher/Parents	Special Class or Tutor At least 1 Year	Special Class or Tutor 2 Years or more
0	1	2	3	4

Mother _____
 Father _____
 Unaffected child 1 _____
 Unaffected child 2 _____
 Unaffected child 3 _____
 Unaffected child 4 _____