

Interviewer _____
 Respondent _____

NDAR ID# _____
 Date _____

Family Characteristics Questionnaire**

	Child with Autism/ Study Participant	Sibling 1	Sibling 2	Sibling 3	Sibling 4	Sibling 5	Biological Mother	Biological Father	
Please list study participant (child with autism) and all siblings:									
1. Relationship to your child with autism? (Full, Half-Maternal, Half-Paternal)?	NA						NA	NA	
Subject ID (NDAR ID)									
2. Age									
3. Gender: Male (M) or Female (F)									
4. Right handed(R), left handed (L) or ambidextrous (A)?									
5. Eligible for special education? Yes (Y) or No (N)									
5.a. Age when identified as eligible for special education									
6. Repeated a grade in school? Yes (Y), No (N)									
6.a. What grade if applicable?									
7. Last grade completed									
8. Had difficulty learning to read? Yes (Y), No (N)									
9. Had or has difficulty learning arithmetic or math? Yes (Y), No (N)									
10. Received speech therapy in school? Yes (Y), No (N)									
10.a What age or grade?									
11. Had or has a learning disability? Yes (Y), No (N)									
12. Had or has a speech or language delay or impairment? Yes (Y), No (N)									
13. Had or has a developmental delay? Yes (Y), No (N)									