

# LENA™ Language and Autism Screen (LLAS) Behavior Questionnaire



LENA™  
Every Word Counts

**Return This Form to the LENA Foundation.** If you have any questions, please call 1.866.503.9918.

Participant ID#: \_\_\_\_\_

All questions refer to the child who will wear the LENA Digital Language Processor (DLP).

Today's date: \_\_\_\_\_

What is your child's date of birth (mm/dd/yy)? \_\_\_\_\_

Are you the child's primary caregiver?  YES  NO

What is your relation to the child?

MOTHER  FATHER  OTHER \_\_\_\_\_

1. Does your child make eye contact with you or others? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

2. Does your child convey his or her thoughts or feelings through facial expressions (e.g., smiling, lifting eyebrows in surprise)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

3. When your child is interested in something does he or she try to get you to pay attention to it (e.g., by pointing to it or leading you to it)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

4. Does your child seem interested in interacting with children his or her own age? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

5. If someone around your child is upset, does your child become upset too? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				



6. Does your child speak words other than "mama" or "dada"? (circle one)

Yes	No
Comments:	

7. How many words are in your child's spoken vocabulary? (circle one)

1-5	6-20	21-50	51-100	100+
Comments:				

8. Does your child attempt to communicate through gestures (e.g., waving hands, pointing)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

9. Does your child begin conversations with others? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

10. Is your child capable of maintaining a back-and-forth conversation with several turns? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

11. Does your child say the same thing over and over again? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

12. Does your child engage in make believe or pretend play (e.g., role-playing, pretending he or she is baking something or riding a horse)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				



13. Does your child seem to focus on objects or actions to the point that he or she seems preoccupied with it? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

14. Does your child repeat the same action over and over again (e.g., opening/closing doors, turning lights on/off)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

15. Does your child seem focused on adhering to routines or rituals (e.g., lining up toys)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

16. Does your child repeatedly exhibit the same motor mannerisms (e.g., hand flapping, walking on toes)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				

17. Does your child seem preoccupied with the parts of objects (e.g., wheels, levers)? (circle one)

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often
Comments:				