

AUTISM NEEDS ASSESSMENT



Please note that you must be at least 18 years of age to complete this survey

Thank you for agreeing to complete this survey. Please answer in regard to your **current** situation.
The term autism is used to refer to all Autism Spectrum Disorders (ASD).

1. What is your sex?

- Male
- Female

2. What is your race/ethnicity? (Check all that apply)

- African American
- Asian/Pacific Islander
- Caucasian/European American
- Latino, Hispanic, or Chicano
- Native American
- Other (Please specify) _____

3. What is your zip code (e.g. 19104) ?

4. In what year were you born (e.g. 1974)?

5. What is your current marital status?

- Married
- Never married
- Divorced/Separated
- Widowed

6. Do you have children?

- Yes
- No, but planning on having children
- No, undecided
- No, I do not want children

7. Which of the following is closest to your annual income?

- Under \$20,000
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$79,999
- \$80,000-\$99,999
- \$100,000 or above

8. What is/was your primary autism diagnosis?

- Asperger's Disorder
- Autistic Disorder/Autism
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder (PDD/NOS)
- Rett Syndrome
- Other (Please specify) _____

9. Have you ever been diagnosed with or treated for any of the following? (*Check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Mental Retardation/ Intellectual Disability |
| <input type="checkbox"/> Central Auditory Processing Disorder | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Conduct Disorder (CD) | <input type="checkbox"/> Oppositional Defiant Disorder (ODD) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Seizures/ Seizure Disorder/Epilepsy |
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (<i>Please specify</i>) _____ | |

10. What is the highest level of education that you have completed?

- | | |
|--|--|
| <input type="checkbox"/> No high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> College degree |
| <input type="checkbox"/> High school graduate/GED | <input type="checkbox"/> Some graduate studies |
| <input type="checkbox"/> Vocational/Technical school | <input type="checkbox"/> Graduate degree |

11. Are you currently in school?

- | | |
|---|---|
| <input type="checkbox"/> Yes, high school | <input type="checkbox"/> Yes, vocational/technical school |
| <input type="checkbox"/> Yes, two-year college | <input type="checkbox"/> No, but I would like to be |
| <input type="checkbox"/> Yes, four-year college | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, graduate school | |

If you are not currently in school, please SKIP to question 12

11a. What is the status of your school enrollment?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
|------------------------------------|------------------------------------|

11b. Are you aware of assistance and/or resources for individuals with disabilities at your school?

- | | |
|--|---|
| <input type="checkbox"/> Yes, but I don't use them | <input type="checkbox"/> Yes, and I do use them |
| <input type="checkbox"/> No | |

11c. Have you been identified by your school as needing accommodations (e.g. tutoring, special housing, counseling)?

- | | |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> I don't know | |

11d. What are your plans after graduation?

- | |
|--|
| <input type="checkbox"/> Continue education |
| <input type="checkbox"/> Look for full-time employment |
| <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Other (<i>Please specify</i>) _____ |

11e-j. Please tell us about your education needs:

	I am receiving	I am receiving, but need more	I am receiving, but do not need	I am not receiving, but need	I am not receiving
e. Special housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Test-taking assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Academic counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Note-taking assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Peer mentoring/social supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11k-n. Please describe any friendships you have developed by participating in the following school activities:

	Very strong friendships	Casual friendships	No friendships developed	Have not participated
k. Peer mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Dorm-sponsored social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Student groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Intramural and club sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue answering the questions

12. Are you currently employed?

- Yes, full-time
- Yes, part-time
- No, but currently looking for a job
- No, I am retired
- No

If you are not currently employed or looking for a job, please SKIP to question 13

12a. Which of the following have you used/do you use to look for employment? (Check all that apply)

- Career counseling
- Internet
- Job fair
- Newspaper
- Parent/relative connections
- School career placement
- Sheltered workshop
- Word of mouth
- Other (Please specify) _____

12b-g. Please complete the following statements about the job search process:

b. Finding employment opportunities is....

Very Difficult Difficult Easy Very Easy

c. Filling out applications is....

Very Difficult Difficult Easy Very Easy

d. Creating a résumé is ...

Very Difficult Difficult Easy Very Easy

e. Getting potential employers to interview me is ...

Very Difficult Difficult Easy Very Easy

f. Interviewing is....

Very Difficult Difficult Easy Very Easy

g. Following up after interviews is....

Very Difficult Difficult Easy Very Easy

12h. Compared with your peers in the work force, do you feel discriminated against in any of the following ways?
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> My skills are underused | <input type="checkbox"/> I don't receive accommodations or supports for autism |
| <input type="checkbox"/> I don't receive appropriate compensation | <input type="checkbox"/> None |
| <input type="checkbox"/> I am not given requested shifts | <input type="checkbox"/> N/A (I am not currently employed) |
| <input type="checkbox"/> I don't receive promotions/raises | |

12i. Are the employees that you work with aware of your autism?

- | | |
|--|--|
| <input type="checkbox"/> Yes, everyone knows | <input type="checkbox"/> No, it is not an issue |
| <input type="checkbox"/> Yes, but only my supervisors know | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Yes, but only my peers/coworkers know | <input type="checkbox"/> N/A (I am not currently employed) |
| <input type="checkbox"/> No, I don't feel comfortable sharing | |

Please continue answering the questions

Please rate the following statements:

13. I feel comfortable working in a group environment.

Strongly Agree Agree Disagree Strongly Disagree

14. I feel comfortable asking my peers for information or help.

Strongly Agree Agree Disagree Strongly Disagree

15. I feel comfortable asking an authority figure for information or help.

Strongly Agree Agree Disagree Strongly Disagree



16. I feel comfortable asking an authority figure for time off from work or class.

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

17. What is your current living situation?

- Independently: alone
 With parents or other relatives
 Independently: with roommates
 In a residential facility
 Independently: with people who are dependent on me
 In a group home
 On own with support

18. How satisfied or dissatisfied are you with this living arrangement?

- Very Satisfied
 Satisfied
 Dissatisfied
 Very Dissatisfied

19. Please describe your satisfaction with your current relationships:

	I do not have, but would like...	I do have, but would like more...	I am satisfied with my...	N/A
a. Romantic relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Friends to confide in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Friends to socialize with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Relationship with significant other (e.g. spouse, partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Relationship with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you participate in the following activities?

- a. **Employment** No Yes _____ Hours per week
 b. **School** No Yes _____ Hours per week
 c. **Volunteer work** No Yes _____ Hours per week
 d. **Community groups/organizations** No Yes _____ Hours per week
 e. **Spiritual or religious activities** No Yes _____ Hours per week
 f. **Exercise** No Yes _____ Hours per week
 g. **Hobbies or special interests** No Yes _____ Hours per week
 h. **Household chores/ duties** No Yes _____ Hours per week
 i. **Social activities with friends** No Yes _____ Hours per week
 j. **Other (Please specify)** _____ No Yes _____ Hours per week

21. Are you involved in any advocacy groups?

Yes (*Please name*) _____

No

22. How do you travel to school, work, or other activities?

Drive myself or use public transportation on my own

Depend on family member or friend support

Use transportation provided by school or work

Other (*Please specify*) _____

23. Please tell us about your specialty health and education service needs:

	I am receiving	I am receiving, but need more	I am receiving, but do not need	I am not receiving, but need	I am not receiving
a. Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speech/Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Occupational/Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Social Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Behavioral Support (e.g. TSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Relationship Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drug and Alcohol Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Transitional Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Career Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



24. What limitations do you face accessing the specialty health and education services mentioned?

(Check all that apply)

- Transportation
- Scheduling issues
- Shortage of service providers in the area
- Cost of services/My insurance does not cover available services
- No service providers in the area
- Providers in the area will not see individuals with autism
- None
- Other (Please specify) _____
- Other (Please specify) _____

25. How are these services paid for? (Check all that apply)

- Private health insurance
- Out-of-pocket
- Medicaid (Medical Access)
- Mental Retardation Services
- I don't know
- Other (Please specify) _____

26. In the past year, have you gone to the emergency room for behavioral or psychiatric reasons?

- Yes
- No

On how many occasions? _____

27. In the past year, have you been admitted to a hospital or hospital-like setting for behavioral or psychiatric reasons?

- Yes
- No

On how many occasions? _____

If you have not been admitted to a hospital or hospital-like setting for behavioral or psychiatric reasons in the past year, please SKIP to question 28

27a. What was/were the reason(s) you were admitted to a hospital or hospital-like setting? (Check all that apply)

- Aggression
- Anxiety
- Defiant/oppositional behaviors
- Depression
- Running away from home
- Self-injurious behaviors
- Significant increase in obsessions
- Other (Please specify) _____

27b. How were you admitted?

- I admitted myself
(201, Voluntary Treatment)
- I was admitted against my will
(302, Involuntary Treatment)

Please continue answering the questions

28. Have you had any of the following interactions with the police? *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Police called | <input type="checkbox"/> Charged with a misdemeanor or felony |
| <input type="checkbox"/> Police warning issued (other than moving violations) | <input type="checkbox"/> None |
| <input type="checkbox"/> Arrested by the police | |
| <input type="checkbox"/> Other <i>(Please specify)</i> _____ | |

29. Are there any particular service providers or organizations you would recommend to other individuals? *(Please fill out as much information as possible)*

Type of Service:	
Name of Provider:	
Organization:	
Address:	

Type of Service:	
Name of Provider:	
Organization:	
Address:	

Type of Service:	
Name of Provider:	
Organization:	
Address:	



*Thank you for completing this needs assessment survey.
Please send the completed survey in the
self-addressed and stamped envelope.*