

Irish Society for Autism - Autism Survey 2020

Questionnaire for People with Autism

Only complete if you are over 18 years of age

Introduction: Thank you for taking the time to complete this survey. This is an important survey, aimed at capturing the views of People with Autism, their Parents / Families and professionals in Ireland today.

Your name is not required, as we wish for this survey to be anonymous.

Terms: The terms People with Autism and Person with Autism are used throughout this survey. There are many different views at present with regard to terms. Some people prefer to be referred to as People with Autism, whereas others prefer to be referred to as Autistic. We do not wish to offend anyone in using the terms People with Autism and Person with Autism, but have chosen these for the purpose of this survey.

What is your preferred term?

- A) Person with Autism
 - B) Autistic Person
 - C) Other (Specify):
 - D) Don't Mind
-

Section 1 Your Details

1.1 Your current age: Are you?

- | | |
|----------------------|---------------|
| 18 – 35 years of age | 36 – 50 years |
| 51 – 65 years | 66 – 80 years |
| 81 + years | |

1.2 Are you? Male: Female: Other (Specify):

1.3 What county do you live in? (Please specify):

1.4 Where do you access services?

In the Republic of Ireland

(Specify county):

Outside the Republic of Ireland

Or Nowhere at present

1.5 Is where you live?

Urban

Or

Rural

Section 2 Your Diagnosis

2.1 Have you received a formal diagnosis of Autism?

Yes

No

Don't Know

Not Applicable

Comment:

2.2 If yes, what age were you when you received a diagnosis of Autism?

2.3 What year was your diagnosis made?

2.4 Was it difficult to get a diagnosis?

Yes

No

Don't Know

Not Applicable

Comment:

2.5 If yes, how difficult was it to get a diagnosis?

Very Difficult Reasonably Difficult Neither Difficult or Easy Reasonably Easy Very Easy Not Applicable

Comment:

2.6 How long did it take to get a diagnosis (please specify in years / months)?

Years / Months Don't Know

2.7 Did you access your diagnosis...

Privately Publicly Don't Know Not Applicable

Comment:

2.8 If you accessed this privately, was this done by...

Choice Necessity Don't Know Not Applicable

Comment:

2.9 What type of professional made the diagnosis?

A Psychologist

A Psychiatrist

Other (specify)

Not Applicable Don't Know

Comment:

2.10 Was this professional part of a wider team carrying out an assessment?

Yes No Don't Know Not Applicable

Comment:

2.11 Which diagnostic assessment tool(s) did they use? (If you do not know, please state this)

2.12 Did the professional who made the diagnosis explain the diagnosis in a way that you could understand?

Yes No Don't Know Not Applicable

Comment:

2.13 Was the diagnosis delivered in a caring manner?

Yes No Don't Know Not Applicable

Comment:

2.14 When given the diagnosis, were you given information about autism?

Yes No Don't Know Not Applicable

Comment:

2.15 If yes, were you given this information...

Verbally

In writing

Verbally and in writing

Comment:

2.16 If yes, was this information helpful?

Yes

No

Not Applicable

Comment:

Section 3 Early Intervention

Note: For the purpose of this questionnaire, Early Intervention refers to young children with Autism receiving early supports prior to reaching primary school age (typically from 2.5 to 3 years of age), to assist with their development.

3.1 Was Early Intervention recommended for you, as a child?

Yes

No

Don't Know

Not Applicable

Comment:

3.2 If Early Intervention was recommended for you as a child, did you receive this?

Yes

No

Don't Know

Not Applicable

Comment:

**3.3 If you received early intervention as a child, did you receive this in a timely manner?
(That is to say, when you needed it)**

Yes

No

Don't Know

Not Applicable

Comment:

3.4 Please rate your satisfaction with access to Early Intervention

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

3.5 Please rate your satisfaction with the quality of Early Intervention

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

3.6 What would you change, if anything, to improve Early Intervention in Autism?

Section 4 Primary and Secondary School Experience

4.1 Did you receive an education?

Yes	No	Not Applicable
-----	----	----------------

Comment:

4.2 If yes, was this (tick any of the following that apply)

A Mainstream School

An Autism Specific Class in a Mainstream School

A Special Education School

An Autism Specific School

Home School

Other (please specify)

Comment:

4.3 Please rate your satisfaction with your access to Primary School education

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

4.4 Please rate your satisfaction with the quality of your Primary School education

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

4.5 Please rate your satisfaction with your overall Primary School Experience

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

4.6 In your view, do primary schools in the area that you live in adequately meet the needs of children with Autism?

Yes	No	Don't Know	Not Applicable
-----	----	------------	----------------

Comment:

4.7 If No, what is required?

4.8 Please rate your satisfaction with your access to Secondary School education

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

4.9 Please rate your satisfaction with the quality of your Secondary School education

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

4.10 Please rate your satisfaction with your overall Secondary School Experience

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

4.11 In your view do secondary schools in the area that you live in adequately meet the needs of children with Autism?

Yes

No

Don't Know

Not Applicable

Comment:

4.12 If No, what is required?

Section 5 Post School Experience

This section deals with the following areas: -

5.1 Day Services

5.2 Supported Employment Services

5.3 Post Leaving Certificate Courses (other than University or Institute of Technology Programmes)

5.4 Third Level (University or Institute of Technology Programmes)

5.5 Employment

5.6 Residential Services

5.7 Respite Services

Please complete any of the following sub-sections that are applicable to you

5.1 Day Service

Currently Attending	Have Attended in the Past	Have Never Attended	Not Applicable
------------------------	---------------------------------	------------------------	-------------------

Tick the box or boxes on
the right that apply
(If they apply)

5.1.1 If you are attending or have attended a Day Service, Is/was this service Autism Specific (i.e. Just for people with autism)?

Yes	No	Don't Know
-----	----	------------

Comment:

5.1.2 Please rate your satisfaction with access to the Day Service

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
------------------------------	---------------------------------	--	------------------------------------	---------------------------------	---------------------------

Comment:

5.1.3 Please rate your satisfaction with the quality of the Day Service

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
------------------------------	---------------------------------	--	------------------------------------	---------------------------------	---------------------------

Comment:

5.2 Supported Employment Service

Tick the box or boxes on the right that apply (If they apply)

	Currently Attending	Have Attended in the Past	Have Never Attended	Not Applicable
--	---------------------	---------------------------	---------------------	----------------

5.2.1 Please rate your satisfaction with access to the Supported Employment Service

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

5.2.2 Please rate your satisfaction with the quality of the Supported Employment Service

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

5.3 Post Leaving Certificate (PLC) Course

Tick the box or boxes on the right that apply (If they apply)

	Currently Attending	Have Attended in the Past	Have Never Attended	Not Applicable
--	---------------------	---------------------------	---------------------	----------------

5.3.1 Please rate your satisfaction with access to the Post Leaving Certificate Course

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

Please rate your satisfaction with the quality of the Post Leaving Certificate Course

Totally Satisfied **Reasonably Satisfied** **Neither Satisfied or Dissatisfied** **Reasonably Dissatisfied** **Totally Dissatisfied** **Not Applicable**

Comment:

5.4 Third Level (Institute of Technology or University) Education

Tick the box or boxes on the right that apply (If they apply)

	Currently Attending	Have Attended in the Past	Have Never Attended	Not Applicable
--	---------------------	---------------------------	---------------------	----------------

5.4.1 Please rate your satisfaction with access to Third Level Education

Totally Satisfied **Reasonably Satisfied** **Neither Satisfied or Dissatisfied** **Reasonably Dissatisfied** **Totally Dissatisfied** **Not Applicable**

Comment:

5.4.2 Please rate your satisfaction with the quality of Third Level Education

Totally Satisfied **Reasonably Satisfied** **Neither Satisfied or Dissatisfied** **Reasonably Dissatisfied** **Totally Dissatisfied** **Not Applicable**

Comment:

5.5 Employment

Tick the box or boxes on the right that apply (If they apply)	I am Currently Employed	I am Self-Employed	I am not Currently Employed, but Have Been Employed in the Past	I Have Never Been Employed	I Do Not Require Employment
---	-------------------------	--------------------	---	----------------------------	-----------------------------

5.5.1 In general, is it difficult for you to get employment?

Yes

No

Not Applicable

Comment:

5.5.2 If you have answered yes to question 5.5.1, what are the main barriers to you getting employment?

5.5.3 If you have answered yes to question 5.5.1, what would help you to get employment?

5.5.4 If you are currently employed, what is most useful to you, in supporting you in your employment?

Section 7 Friendships and Social Activities

7.1 Do you have friends?

Yes No Don't Know Not Applicable

Comment:

7.2 Do you want to have friends?

Yes No Don't Know Not Applicable

Comment:

7.3 Would you like to have more friends?

Yes No Don't Know Not Applicable

Comment:

7.4 If you would like to have more friends, what would help you to have these?

7.5 Do you take part in social activities (e.g. clubs, sport, activities, etc.)?

Yes No Don't Know Not Applicable

Comment:

7.6 Do you want to take part in social activities?

Yes No Don't Know Not Applicable

Comment:

7.7 Would you like to take part in more social activities?

Yes No Don't Know Not Applicable

Comment:

7.8 If you answered yes to 7.7, why do you want to take part in more social activities?

7.9 If you want to take part in more social activities, what would help you to do this?

Section 8 Quality of Information available about Autism

8.1 Please rate your satisfaction with the Information available about Autism from the statutory sector (e.g. government bodies)

Totally Satisfied Reasonably Satisfied Neither Satisfied or Dissatisfied Reasonably Dissatisfied Totally Dissatisfied Not Applicable

Comment:

8.2 Please rate your satisfaction with the Information available about Autism from the voluntary sector (e.g. Community and Voluntary organisations, Autism Services)

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

8.3 Please rate your satisfaction with the Information available about Autism in general

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

Section 9 Advocacy

9.1 Did / do you require individual Advocacy?

Yes	No	Not Applicable
-----	----	----------------

Comment:

9.2 If yes, is / was it possible to access individual advocacy?

Yes	No	Not Applicable
-----	----	----------------

Comment:

9.3 Please rate your satisfaction with Access to individual advocacy

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

9.4 Please rate your satisfaction with the Quality of individual advocacy

Totally Satisfied	Reasonably Satisfied	Neither Satisfied or Dissatisfied	Reasonably Dissatisfied	Totally Dissatisfied	Not Applicable
--------------------------	-----------------------------	--	--------------------------------	-----------------------------	-----------------------

Comment:

Thank you for completing this questionnaire.

How to return the questionnaire:

Please return the completed questionnaire:

By post to:

Irish Society for Autism
Unity Building
16/17 Lower O'Connell Street

FREEPOST

Dublin 1,
D01 E9W0

OR

By email to:

survey@autism.ie (please attach the survey to the email)