

Autism Strategy Questionnaire

Do you have an Autistic Spectrum Condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you the parent/ carer of someone with an Autistic Spectrum Condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you work with people who have Autistic Spectrum Condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you?	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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What is your age?	
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Do you live in Gateshead?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you work in Gateshead?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Diagnosis

Do you have a formal diagnosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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At what age was the diagnosis given?	
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Does the person you care for have a formal diagnosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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At what age was the diagnosis given?	
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Support

If given a diagnosis as a child:

What support, if any, did the person with Autistic Spectrum Condition have as a child following diagnosis?

Did the person with Autistic Spectrum Condition have a disabled children's social worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Did the person with Autistic Spectrum Condition have a Statement of Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Did, the person with Autistic Spectrum Condition have a Transition Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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During Transition Planning which areas were explored?	Please tick all that apply
	Further Education options <input type="checkbox"/>
	Employment Opportunities <input type="checkbox"/>
	Housing Options <input type="checkbox"/>
	Community Based facilities and Services <input type="checkbox"/>
	Mental Health Needs <input type="checkbox"/>
	Personal Budgets <input type="checkbox"/>

If the person with Autistic Spectrum Condition received a diagnosis as an adult?

What support, if any, did the person with Autistic Spectrum Condition receive following diagnosis

Does the person with Autistic Spectrum Condition have a Social Worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does the person with Autistic Spectrum Condition have a Personal Budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you are the carer of a person with Autistic Spectrum Condition have you been offered a Carer's assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answered yes to the question above what was the outcome.....	
If you answered no would you like a Carer's Assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Where would you go for independent information and advice?	
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Advocacy

Have you been offered an Advocate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever used an advocate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes which service were they from.....

Do you need an advocate now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What do you feel you need an advocate for? Please tick all that apply	Accessing Employment opportunities	<input type="checkbox"/>
	Housing	<input type="checkbox"/>
	Welfare Benefits	<input type="checkbox"/>
	Education issues	<input type="checkbox"/>
	Accessing Social Care	<input type="checkbox"/>
	Accessing Health Services	<input type="checkbox"/>
	Accessing Mental Health Services	<input type="checkbox"/>
Other please state what this is	<input type="checkbox"/>	

Awareness

Are you aware of the Adult Strategy for Autism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Which part of the strategy is most important to you? Tick all that apply.

Increasing awareness /understanding <input type="checkbox"/>	Better diagnosis <input type="checkbox"/>	Employment <input type="checkbox"/>
Improving access to services <input type="checkbox"/>	Local services to meet local needs <input type="checkbox"/>	

Do you know who the lead contact is in the council for Autism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Who do you think are a priority for basic Autism Awareness training? Please tick all that apply	Teachers	<input type="checkbox"/>
	College staff	<input type="checkbox"/>
	Connexions staff	<input type="checkbox"/>
	Transition teams	<input type="checkbox"/>
	Commissioners	<input type="checkbox"/>
	Community Care Assessors	<input type="checkbox"/>
	Council Staff	<input type="checkbox"/>
	DWP Staff	<input type="checkbox"/>
	GP's	<input type="checkbox"/>
	GP's Staff	<input type="checkbox"/>
	Hospital Consultants	<input type="checkbox"/>
	Hospital Staff	<input type="checkbox"/>
	Other health staff	<input type="checkbox"/>
	Mental Health professionals	<input type="checkbox"/>
	Police and criminal justice staff	<input type="checkbox"/>
	Other please specify below	<input type="checkbox"/>

Is there anything else you would like to mention?

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Thank you for taking the time to complete this questionnaire. If you would like to receive a copy of the final report please provide a name and address below. These details will not be shared with anyone and will be destroyed once the report is sent out.

Name.....

Address.....

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