



## Appendix 1

BASIC PERSONAL DATA FORM	
<b>NAME:</b>	
QUESTION	ANSWER
<b>Chronological age?</b>	
<b>Diagnosis?</b> Choose from the list below:  Autism  Asperger syndrome  PDD-NOS  Autism spectrum disorder  Other (specify)	
<b>Age at diagnosis?</b>	
<b>Who made your diagnosis?</b> Choose from the list below: Paediatrician  Psychologist  Psychiatrist  Multidisciplinary team  Other (specify)	
<b>Any other diagnosis as well? You can write down more than one answer.</b> Choose from the list below:  Mental health disorder  Anxiety disorder  Physical illness	



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	<p>Sensory processing disorder</p> <p>Other (specify)</p>	
<b>Education?</b>	<p>Choose from the list below:</p> <p>Elementary/high school</p> <p>College/university</p> <p>None (excluded)</p> <p>Other (specify)</p>	
<p><b>Current day activity?</b></p> <p><b>You can write down more than one activity.</b></p>	<p>Choose from the list below:</p> <p>Student</p> <p>Mainstream employment</p> <p>Self-employed</p> <p>Supported/sheltered employment</p> <p>Day activity programme</p> <p>Parent / Carer</p> <p>No work or school</p> <p>Other (specify)</p>	
<p><b>Current living circumstances? You can write down more than one answer.</b></p>	<p>Choose from the list below:</p> <p>Live alone</p> <p>With partner</p> <p>With parents</p> <p>With siblings or friends</p> <p>With your own children</p> <p>Supported/residential living</p>	

	<p>Rented Accomodation</p> <p>Own home</p> <p>Hospital</p> <p>Other residence (specify)</p>	
<b>Intimate relationship:</b>	<p>Choose from the list below:</p> <p>Single</p> <p>Relationship with partner</p> <p>Married/cohabiting</p> <p>Civil partnership</p> <p>Separated</p> <p>Divorced</p> <p>Widowed</p>	