

Appendix 1

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

	<p>Sensory processing disorder</p> <p>Other (specify)</p>	
Education?	<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>Current day activity?</p> <p>You can write down more than one activity.</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>Current living circumstances? You can write down more than one answer.</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>	

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