
Survey: Thesis - online surveyStatus: **Launched**

1. Welcome!

You are invited to complete this survey as part of a research study. The purpose of this survey is to explore the information sharing behaviors of caregivers for people with ASDs. We want to understand what types of health information help mothers make decisions about the care of their children who have an ASD. You must be 18 to participate in this survey.

This survey will take 15-20 minutes to finish. You can come back and finish it later if you are interrupted. Please click Next to continue to the survey.

2. About You: Page 1 of 4

Thanks for your interest in our survey. Please complete the questions below to tell us a little about yourself. None of the information collected will be used to identify you personally.

1. What are your initials? *

2. What is your age?

- 18-24 years 25-34 years 35-44 years 45-54 years 55-64 years 65-74 years 75-84 years
 85+ years

3. What is your race? *

- Asian/Pacific Islander
 Black/African-American
 Caucasian
 Hispanic
 Native American/Alaska Native
 Other/Multi-Racial
 Decline to Respond

4. What is your ethnicity? *

- Hispanic
 Non-hispanic

5. What is your marital status? *

- Single
- Married
- Married, but separated
- Divorced
- Widowed
- Prefer not to respond

6. What county do you live in? *

7. What is the highest level of education you completed? *

- 8th grade
- High school (12th grade)
- Associates degree
- Vocational degree or Professional certification
- Bachelors degree
- Masters degree
- Doctoral degree

8. What is your current employment status? *

- Unemployed, looking for a job
- Unemployed, not looking for a job
- Employed, part-time
- Employed, full-time
- Full-time mother
- Self-employed
- Retired

3. Your Child: Page 2 of 4

The following questions will tell us a little more about your child(ren) on the autism spectrum. This will help us understand the context for how you use technology and people in your life to help care for your child.

9. What is his/her diagnosis?

10. How old is he/she? *

11. How old was he/she when the diagnosis was given? *

12. Is your child (or children) diagnosed with an autism spectrum disorder a male or female?

- Male
- Female
- Both (if you have more than one child on the spectrum, one of each gender)

13. What is his/her school placement? *

- General education
- Resource room (less than 80% of the day)
- Resource room (more than 80% of the day)
- Self-contained in a special education classroom
- Prefer not to answer

14. Are there other people in your family with an autism spectrum diagnosis?

- Yes
- No

4. How You Use Technology: Page 3 of 4

Page Intro/Notes: edit

This page includes basic questions about your normal technology use.

15. Do you have a computer at home? *

- Yes
- No

16. Do you have internet access at home? *

- Yes
- No

17. What type of internet connection do you have?

- Dial-up
- DSL
- Cable-modem
- Satellite
- T line
- Other

18. How often do you get on the internet (use a browser)? This does not include email. *

- Less than once a month
- Monthly
- Weekly
- Daily

19. How much time do you spend on the internet each week? *

- Less than 1 hour
- 1-7 hours (average 1 hour a day)
- 8-14 hours (average 2 hours a day)
- 14-21 hours (average 3 hours a day)
- 22+ hours

20. Which do you use most? Pick up to three. *

- browsers (Internet Explorer, Firefox, Opera, Safari, etc.)
- email
- chat/instant messaging
- social networking sites (Facebook, MySpace, Flickr, etc.)
- telephone
- text messaging

5. People in Your Life: Page 4 of 4

21. Please list the initials of all of the people in your life who:
- help you care for your child diagnosed with an ASD
 - share information with you about ASDs
 - who you share information with about ASDs
 - who provide emotional support when you need it.

The next two questions should be answered for each of the people you list here. If your best friend is number 2 in this question, please enter the answers for him/her under number 2.

*

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

22. How do you communicate with each of the people listed below? *

	Face-to-Face	Telephone	Texting	Email	Chat/Instant Messaging	Social Networking Sites (Facebook, MySpace, etc.)	N/A
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. What kind of interactions do you have with each of the people listed? *

	Get information about ASDs from him/her	Share information about ASDs with him/her	Get/receive advice about ASDs and your child(ren)	Get/receive emotional support	Get/receive assistance in caring for your child(ren)
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Do any of the people listed above know each other well enough or are close enough to be considered a group (in your opinion)?

Please list the initials of the people in each group, if there is more than one group within the people listed. Two people are enough to be a group. Include yourself in a group if it's relevant. For example, a group might be listed like this: BD, GR, MN, JW *

1.
2.
3.
4.
5.

'Thank You'/Redirect Page

You are done! Thank you for taking this survey. Your response is very important to us.