

Introduction

During the COVID-19 crisis, the Autism Alliance of Michigan (AAoM) wants to ensure that we are supporting individuals with autism and their families.

Thank you for taking time to answer this brief survey to make sure the extra services we provide are the most helpful for your situation. You can skip any questions you prefer to not answer.

Is there an individual with an Autism or other Intellectual or Developmental Disability in your household?

- Yes
- No

COVID-19 Needs

What is your relationship to the individual with ASD in your household?

- Self
- Mother
- Father
- Grandparent
- Sibling
- Foster Parent
- Aunt/ Uncle
- Other, please specify

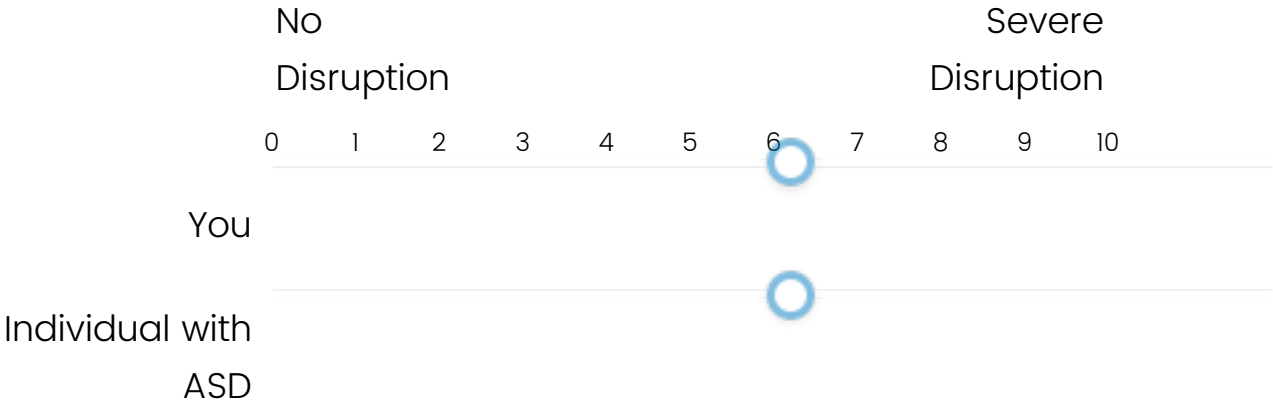
What is your relationship to the individual with ASD in your household?

- Self
- Mother
- Father
- Grandparent
- Sibling
- Foster Parent
- Aunt/ Uncle
- Other, please specify

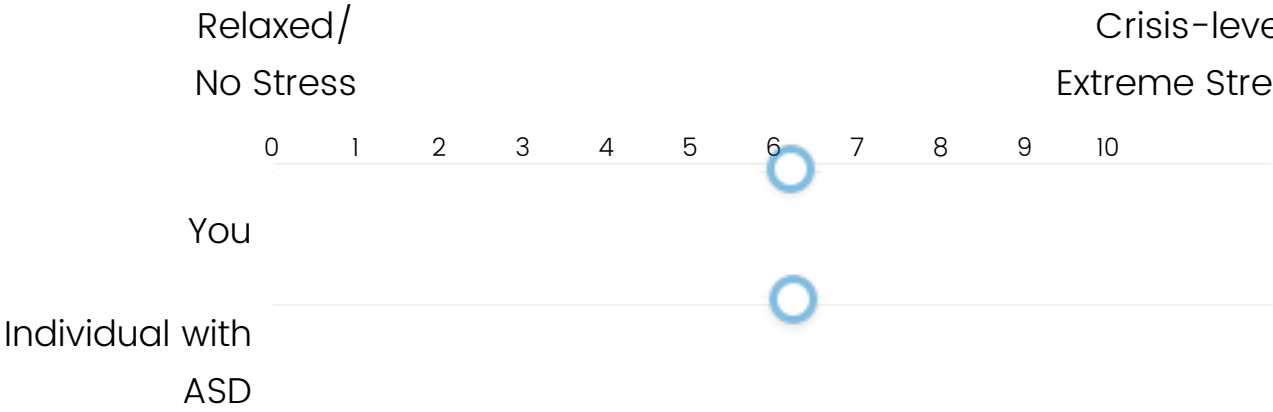
How are you and the individual with ASD doing during this crisis?



How disruptive to daily activities have the COVID-19 changes been for you and the individual with ASD?



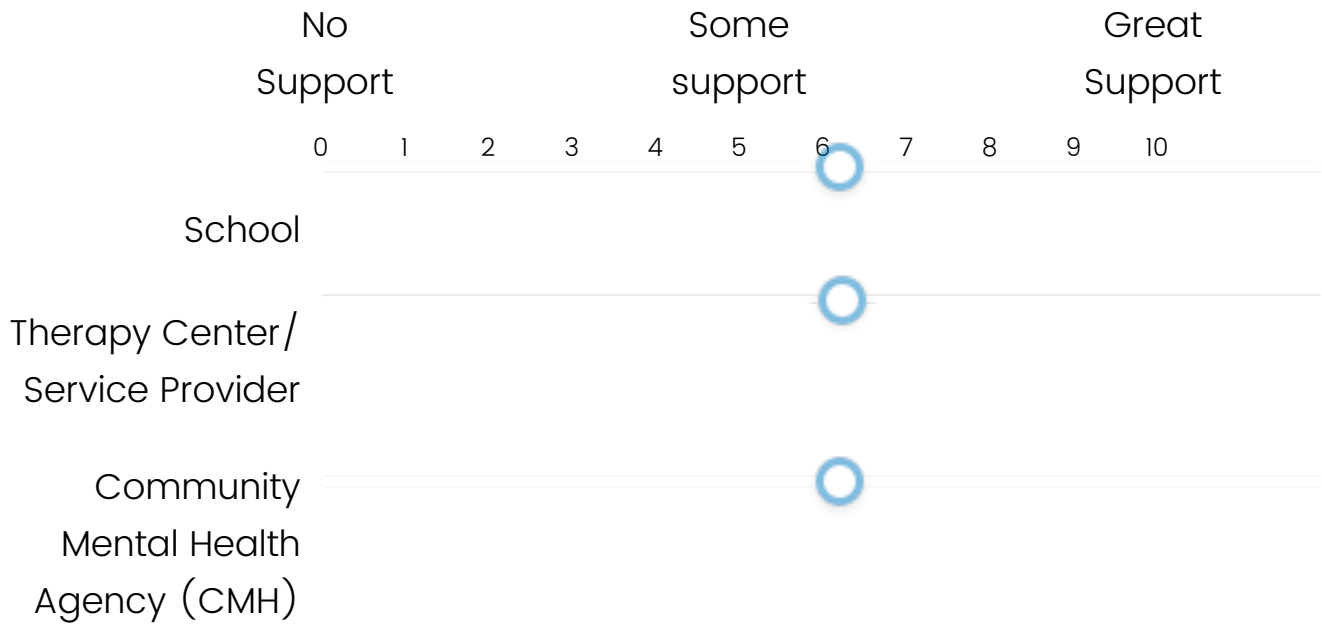
What are the stress levels of you and the individual with ASD?



What is causing the most stress for you and your family?

- Individual with ASD being home all the time
- Being separated from individual with ASD
- Finances
- Concern about becoming ill or the individual with ASD becoming ill
- Lack of care other than myself for individual with ASD
- Other, please specify

Are you receiving support from:



Are you receiving support from:

No	Some	Great
Support	support	Support

0 1 2 3 4 5 6 7 8 9 10

Parent group

Family Member, friend, neighbor, etc.

Other, please specify

Before the COVID-19 crisis began, how frequently were you receiving services from:

	No services from this provider	A few times per year	1- 3 times per month	1-4 times per week	Daily Services
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Mental Health Agency (CMH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy Center/ Service Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If this crisis continues for several months, what concerns you the most?

- Individual with ASD being home all the time
- Being separated from individual with ASD
- Finances
- Concern about becoming ill or the individual with ASD becoming ill
- Lack of care other than myself for individual with ASD
- Other, please specify

How helpful to you would it be if the Autism Alliance of Michigan provided:

	Not helpful	Slightly helpful	Moderately helpful	Very helpful
Help connecting you to telehealth or alternative services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online parent/caregiver training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-home respite providers, if available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse prevention information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial safety net information (FMLA, SSI, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about transitioning back to services after the crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How helpful to you would it be if the Autism Alliance of Michigan provided:

	Not helpful	Slightly helpful	Moderately helpful	Very helpful
Links to educational websites for the individual with ASD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ideas and strategies on creating a daily schedule for the individual with ASD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Links to activities to do in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral crisis planning tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If available, would you allow someone into your home to provide a few hours of respite?

- Yes
- Maybe
- No

What concerns do you have about in-home respite services?



How important is it for you to receive direct in-home help to relieve you during this crisis?

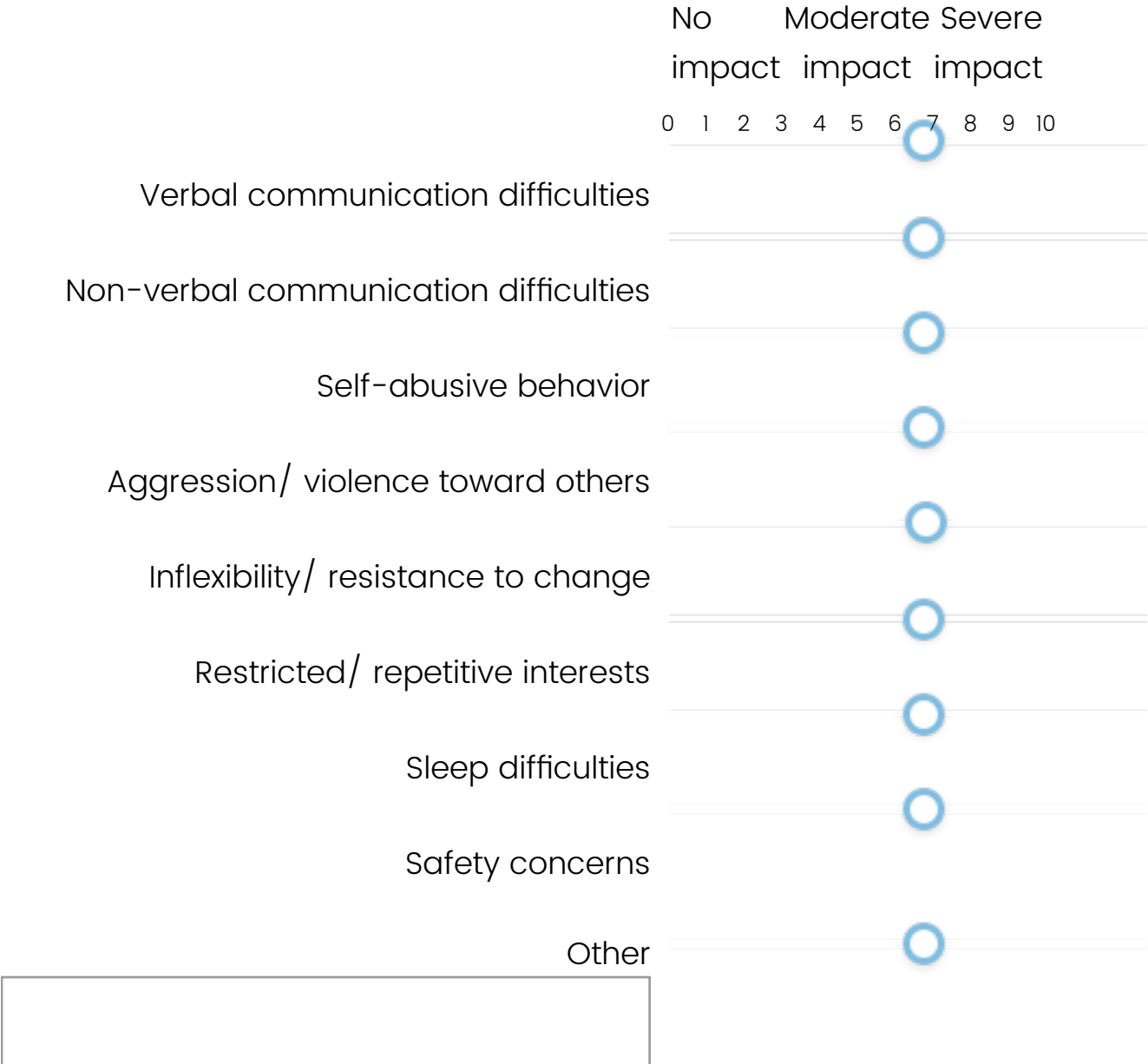
- Not important
- Slightly important
- Moderately important
- Very important
- Critical

We now have a few background questions to ensure that we are serving a broad range of needs:

How old is the individual with ASD?



For the individual in your household, what impact on daily life do the following symptoms of ASD present:



What is your current working status?

- Working from home
- Working away from home
- Not working; at home
- Not working; not at home

In what county do you live?

Alcona
Alger
Allegan
Alpena
Antrim
Arenac
Baraga
Barry
Bay
Benzie

Please provide any final comments or thoughts:

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