Supplement 1

Barriers to accessing healthcare for autistic adults: online survey

1. Are you autistic?
Includes Autism, Autistic Spectrum Conditions, Asperger Syndrome, self-diagnosed or
formally diagnosed.
Yes
No
2. Do you usually attend the same medical practice?
Yes
No
I don't attend any medical practice
Tradit tractical practice
3. Do you usually see the same doctor?
Yes
□ No
I don't attend any doctor
4. Do you have difficulty visiting your destar when you need to?
4. Do you have difficulty visiting your doctor when you need to?
Yes
∐ No
5. Which of the following would cause you to delay or avoid seeing your doctor when you
need to?
Please check ALL THAT APPLY
Difficulty deciding if symptoms warrant a GP visit
Difficulty using the telephone to book appointment
No online booking system
There is an online booking system but it's confusing
Difficulty planning an appointment in advance
Difficulty communicating with the reception staff
Difficulty communicating with the doctor during the appointment
The waiting room environment
Inability to see a known or preferred doctor
Long wait to get an appointment
Waiting to see the doctor is too difficult
Not feeling understood
Not having enough time to visit the doctor
Needing a support person to come with me
Not having anyone to look after my child
None of the above
I Notice of the above
6. Which of the following is the most difficult part of booking an appointment?
6. Which of the following is the most difficult part of booking an appointment?

Please choose the \underline{one} issue which is MOST DIFFICULT for you

Using the telephone to book an appointment
No online booking system
There is an online booking system but it's confusing
None of the above
7. Which of the following is the most difficult part of planning a visit? Please choose the <u>one</u> issue which is MOST DIFFICULT for you Deciding if your symptoms warrant a GP visit
Long wait to get an appointment
Planning an appointment in advance
Inability to see a known or preferred doctor
Not having enough time to visit the doctor
Arranging for someone to come with me
If you are a parent, not having anyone to look after your child
None of the above
Notice of the above
8. Which of the following is most difficult during an appointment? Please choose the <u>one</u> issue which is MOST DIFFICULT for you
Communicating with the reception staff
Communicating with the doctor during the appointment
The waiting room environment
Not feeling understood
Waiting to see the doctor is difficult
None of the above
9. Do you visit your doctor Check ALL THAT APPLY
Alone, but would prefer to have a support person
Alone, but would prefer to have a support person
With a parent, partner or support person
With a parent, partner or support person but I would prefer to go alone With a support animal
To support an autistic adult
As a parent with my child
As a parent with my time
10. Why do you usually visit your doctor? Check ALL THAT APPLY
Physical condition or illness
Mental health difficulties
Issues directly related to autism
Other
11. How much do you value your relationship with your GP?
It is very important to me
It is important to me
It is neither important nor unimportant to me
It is not very important to me

It is not at all important to me
12. Do you have a good relationship with your doctor? Yes Sometimes No Not currently, but had good relationship with GP in past
13. Do you find it difficult to communicate during a consultation? All the time Frequently Sometimes Rarely Not at all
14. Which of the following communication issues cause you problems during a consultation? Check ALL THAT APPLY Verbal communication is difficult Sensory issues make it harder to communicate Anxiety makes it harder to communicate It is easier for me to communicate in writing I'm scared of the receptionist I have difficulty asking for help I have difficulty prioritising my health issues I am concerned I might be labelled a hypochondriac or malingerer Vague or open ended questions are difficult I can't describe my pain or symptoms accurately I express emotions differently (e.g. I can appear to be angry when I am afraid or in pain) I need extra time to process what is being said I am concerned I won't be taken seriously when I describe my symptoms None of the above Other
15. Which communication issue causes you the MOST problems during a consultation? Please choose the <u>one</u> issue which is MOST DIFFICULT for you Verbal communication is difficult Sensory issues make it harder to communicate Anxiety makes it harder to communicate It is easier for me to communicate in writing I'm scared of the receptionist I have difficulty asking for help I have difficulty prioritising my health issues I am concerned I might be labelled a hypochondriac or malingerer Vague or open ended questions are difficult I can't describe my pain or symptoms accurately I express emotions differently (e.g. I can appear to be angry when I am afraid or in pain) I need extra time to process what is being said

	I am concerned I won't be taken seriously when I describe my symptoms None of the above Other
	5. Is stimming a problem for you at the doctors' office? neck ALL THAT APPLY My unusual behaviours or stimming elicit negative reactions from other patients My unusual behaviours or stimming elicit negative reactions from reception staff My unusual behaviours or stimming elicit negative reactions from medical staff I feel comfortable stimming at the doctors' office I do not feel comfortable stimming at the doctors' office I don't feel a need to stim at the doctors' office I don't understand the term "stimming"
	7. Do you experience any of the following? neck ALL THAT APPLY I find it difficult to make appointments in advance I have turned up for a medical appointment on the wrong day I have forgotten to attend a medical appointment I find it difficult to prioritise when describing my medical problems I need to give the whole story and not leave anything out I have forgotten why I made the appointment I find waiting difficult It is difficult to arrange someone to come with me I need to write things down I have difficulty making decisions about my health Making changes to my lifestyle or habits is difficult for me None of the above
	B. Do you experience sensory issues which make it difficult to visit your doctor? neck ALL THAT APPLY Bright or fluorescent lights Noise in the waiting room from other patients Music playing in the waiting room Noise from the reception desk Smells in the waiting room Smells in the doctor's office Crowded waiting area Uncomfortable furniture Touch, such as during examination Unexpected touch None of the above Other
19	9. How would you describe your pain threshold? Very high High

☐ Neither particularly high nor low
Low
☐ Very low
I don't know
20. What communication methods do you use?
Check ALL THAT APPLY
Verbal, face-to-face
Verbal, telephone
Voicemail
Text messaging
Online messaging
Email
Other online method
Written
Alternative communication device
Sign language
Other
21. What communication matheds do you AVOID if nessible?
21. What communication methods do you AVOID if possible? Check ALL THAT APPLY
Verbal, face-to-face
Verbal, telephone
Voicemail
Text messaging
Online messaging
Other online method
Email
Written
Alternative communication device
Sign language
Other
22. If your GP offered options for making an appointment, which would you be most likely
to use?
Verbal, face-to-face
Verbal, telephone
Voicemail
Text messaging
Email
Online booking system
Alternative communication device
Other
23. My doctors are really good for me because they are
Check ALL THAT APPLY
Patient

	Good listeners
	Understanding
	Supportive
	Kind
	Friendly
	Efficient
	Familiar
	Not condescending
	Aware of my needs
	Honest about not understanding autism
	None of the above
24	. My doctors are really good for me because they
	eck ALL THAT APPLY
	Ask direct questions
	Give clear explanations
	Accept written or email communication
	Use printed information and diagrams
	Value my opinion
	Accept my right to make decisions regarding my health
	Know that autism is not a mental health condition
	Do home visits
	Have reception staff who are trained regarding autism
	Remind me to make my next appointment before leaving
	None of the above
•	
25	. Do you find it difficult not knowing
	eck all that apply
	Which doctor you will see
	How long you will wait
	How long the consultation will last
	What will happen during the consultation
	None of the above
26	. When going to the doctor, what causes you to feel anxious?
	eck ALL THAT APPLY
	asking for help
	discussing mental health
	that there might be something wrong
	that I might be considered a hypochondriac
	that I might be wasting the doctor's time
	I don't feel anxious going to the doctor
	·
27	. Do you have mobility needs which make visiting your doctor difficult?
	Yes
	No

Strongly Agree Neutral Disagree	·	physical conditions:	
Strongly Agree Neutral Disagree	·	mental health conditi	ons:
Strongly Agree Neutral Disagree		autism:	
Check ALL TI I could b I could b I could b I could w I could e There wa	my doctor would be easier HAT APPLY ook an appointment online ook an appointment by tex ook the first or last appoint rait in a quiet place or outsi mail my doctor in advance as a sensory box available in the above	t tement of the day de until it was my tur with a description of	
32. Have you accessing he Yes No Possibly Other	u ever had a mental health ealthcare?	condition remain unt	reated due to difficulties
33. Have you accessing he Yes No Possibly Other	u ever had a physical health ealthcare?	n condition remain un	treated due to difficulties

34. Have you even been referred to a specialist but did not make an appointment or did not attend? Yes No
35. Have you ever been told you should have seen a doctor sooner? Yes No
36. Have you ever had to undergo more extensive treatment or surgery than if you had attended sooner? Yes No
37. Have you ever had a potentially serious or life threatening condition for which you did not access treatment? Yes No
38. If you answered yes to any of the last 6 questions, would you like to give more details?
39. Do you attend on schedule for screening programmes applicable to you? Includes cervical screening, sexual health screening, breast check, colon screening etc. Yes No Sometimes
40. If you were suddenly admitted to hospital, who would be able to bring your personal belongings to you? Check ALL THAT APPLY Spouse or partner Parent Other family member Friend Neighbour Paid support person or carer Volunteer support person or carer Nobody available Other
41. If you were admitted to hospital for a day case surgical procedure, who would be available to collect you afterwards? Check ALL THAT APPLY Spouse or partner Parent Other family member Friend

 Neighbour Paid support person or carer Volunteer support person or carer Nobody available Other
42. If you needed assistance at home after an operation, who would be available to provide that care? Check ALL THAT APPLY Spouse or partner Parent Other family member Friend Neighbour Paid support person or carer Volunteer support person or carer Nobody available Other
43. If you are a parent and you were unable to care for your child due to illness, who would be available to provide that care to your child? Check ALL THAT APPLY Spouse or partner Parent Other family member Friend Neighbour Paid support person or carer Volunteer support person or carer Nobody available I don't have a child requiring care Other
44. Do you identify as autistic? Includes Autism, Autistic Spectrum Conditions, Asperger Syndrome, self-diagnosed or formally diagnosed. Yes No Possibly 45. Do you have a formal diagnosis? *
Yes No 46. If you have a formal diagnosis, was it provided by: Psychiatrist Clinical Psychologist

Multidisciplinary Team Other	
47. Does your doctor know you are autistic? * Yes No I don't know	
48. What is your age?	
49. What age were you when you were diagnosed? If applicable	
50. Which country do you live in? England Scotland Wales Northern Ireland Republic of Ireland United States Canada Other:	
51. What is your gender? Male Female Non-binary Prefer not to say	
52. Please give any further information or suggestions here	e.