

**The CoRoNaVirus Health Impact Survey (CRISIS) Adapted For Autism and Related  
Neurodevelopmental conditions (AFAR) V0.6.1  
Adult and Youth Self-Report Follow-Up Form (14+)**

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**Development team for core CRISIS Survey:**

The CRISIS questionnaires were developed through a collaborative effort between the research teams of Kathleen Merikangas and Argyris Stringaris at the National Institute of Mental Health Intramural Research Program Mood Spectrum Collaboration, and those of Michael P. Milham at the Child Mind Institute and the NYS Nathan S. Kline Institute for Psychiatric Research.

*Content contributors and consultants included:* Evelyn Bromet, Stan Colcombe, Kathy Georgiades, Dan Klein, Giovanni Salum

*Coordinators:* Lindsay Alexander, Ioanna Douka, Julia Dunn, Diana Lopez, Ken Towbin

*Technical and editing support:* Irene Droney, Beth Foote, Jianping He, Georgia O' Callaghan, Judith Milham, Courtney Quick, Diana Paksarian, Kayla Sirois

**Development team for the CRISIS AFAR Survey:**

This adaptation was aimed to assess the specific needs and changes related to the Coronavirus/COVID-19 crisis in adolescents and adults (>14 years) with autism and related neurodevelopmental conditions. The general structure of the core CRISIS forms was maintained, items focusing on services, adaptive key behaviors, as well as associated symptoms relevant for autism and related conditions were added. A few items not considered specific were removed, others reworded to better fit the target population (a detailed summary is available upon request to [Adriana.DiMartino@chidmind.org](mailto:Adriana.DiMartino@chidmind.org)).

*Primary Content Developers:* Adriana Di Martino, Louise Gallagher, Stelios Georgiades, Panagiota (Neny) Pervanidou, Audrey Thurm, Bethany Vibert. The section entitled School and Services was based largely on questions selected from the CARING through COVID questionnaire developed by Shafali Jeste and colleagues at University of California, Los Angeles, and has been slightly adapted.

*Primary Content Consultants:* So Hyun (Sophy) Kim, Meng-Chuan Lai

*Developers of the adult/youth self-report and the parent-report for autistic adults/adults with autism and related neurodevelopmental conditions:* Meng-Chuan Lai, Ami Tint, Yona Lunskey, Patrick Jachyra, Hsiang-Yuan Lin, Stephanie Ameis

*Editing and Technical Support:* Evdokia Anagnostou, Lindsay Alexander, Jacob Stroud, Irene Droney

The CRISIS team encourages advanced notification of any media, scientific reports or publications of data that have been collected with the core CRISIS and the present adaptation ([merikank@mail.nih.gov](mailto:merikank@mail.nih.gov) and [Adriana.DiMartino@childmind.org](mailto:Adriana.DiMartino@childmind.org), respectively) though this is not required. We also encourage voluntary data sharing for the purpose of psychometric studies that will be led by Dr. Stringaris ([argyris.stringaris@nih.gov](mailto:argyris.stringaris@nih.gov)). Please, contact [Adriana.DiMartino@chidmind.org](mailto:Adriana.DiMartino@chidmind.org) if you would like to make de-identified data contributions for the CRISIS AFAR

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**Identification Number:** \_\_\_\_\_

**You may have completed a survey similar to this one before. At this time, we are interested in learning how things are going now. Accordingly, we made a shorter survey for this purpose. We appreciate your time for completing this survey.**

**Commented [ID1]:** In redcap this section can be the ID# or name(s) of completers or of their child, and/or their email address. The investigator should edit their redcap instrument in accordance to their IRB protocol. If PHI (e.g., names email) were collected only authorized trained staff can access it in a given institution, data should be deidentified before data sharing. -ADM

**Country:**

**State/Province/Region:**

**Your age (years):**

**UPDATED CORONAVIRUS/COVID-19 HEALTH/EXPOSURE STATUS**

**During the PAST TWO WEEKS:**

- 1. ... have you been exposed to someone likely to have Coronavirus/COVID-19? (check all that apply)**
  - a. Yes, someone with positive test
  - b. Yes, someone with medical diagnosis, but no test
  - c. Yes, someone with possible symptoms, but no diagnosis by doctor
  - d. No, not to my knowledge
- 2. ... have you been suspected of having Coronavirus/COVID-19 infection?**
  - a. Yes, have had positive test
  - b. Yes, medical diagnosis, but no test
  - c. Yes, have had some possible symptoms, but no diagnosis by doctor
  - d. No symptoms or signs
- 3. ... have you had any of the following symptoms? (check all that apply)**
  - a. Fever
  - b. Cough
  - c. Shortness of breath
  - d. Sore throat
  - e. Fatigue
  - f. Loss of taste or smell
  - g. Eye infection
  - h. Other \_\_\_\_\_
  - i. None of the above
- 4. ... has anyone in your family been diagnosed with Coronavirus/COVID-19? (check all that apply)**
  - a. Yes, member of household
  - b. Yes, non-household member
  - c. No
- 5. ... have any of the following happened to your family members because of Coronavirus/COVID-19 pandemic? (check all that apply)**

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- a. Fallen ill physically
- b. Hospitalized
- c. Put into self-quarantine with symptoms
- d. Put into self-quarantine without symptoms (e.g., due to possible exposure)
- e. Lost or been laid off from job
- f. Reduced ability to earn money
- g. Passed away
- h. None of the above

During the **PAST TWO WEEKS**, how worried have you been about:

- 6. .... **being infected by Coronavirus / having COVID-19?**
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Extremely
- 7. ... **your friends or family being infected by Coronavirus / having COVID-19?**
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Extremely
- 8. ... **your *physical health* being influenced by Coronavirus/COVID-19?**
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Extremely
- 9. ... **your *mental/emotional health* being influenced by Coronavirus/COVID-19?**
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Extremely
- 10. **How much are you reading, watching content, or talking about Coronavirus/COVID-19?**
  - a. Never
  - b. Rarely
  - c. Occasionally
  - d. Often
  - e. Most of the time
- 11. **Has the Coronavirus/COVID-19 crisis in your area led to any positive changes in your life?**
  - a. None
  - b. Only a few

c. Some

- If answered b or c to question 11, please specify what these positive changes are: \_\_\_\_\_

**12. If a vaccine for COVID-19 becomes available how likely are you to have yourself vaccinated?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

#### **LIFE CHANGES DUE TO CORONAVIRUS/COVID-19 CRISIS IN THE LAST TWO WEEKS**

During the **PAST TWO WEEKS**:

**13. ... if you attend school, has your school building been closed? Yes/No/Not Applicable**

- a. If no,
  - Are classes in session? Yes/No
  - Are you attending classes in-person? Yes/No
- b. If yes,
  - Have classes resumed online? Yes/No
  - Do you have easy access to the internet and a computer? Yes/No
  - Are there assignments for you to complete? Yes/No
  - Are you able to receive meals from the school? Yes/No

**14. ... if you had a job prior to the Coronavirus/COVID-19 crisis, are you still working? Yes/No/Not Applicable**

- a. If yes,
  - Are you still going to your workplace? Yes/No
  - Are you teleworking or working from home? Yes/No
- b. If no,
  - Were you laid off from your job? Yes/No
  - Did you lose your job? Yes/No

**15. ... how many people, from outside of your household, have you had an in-person conversation with? \_\_\_\_\_**

**16. ... how much time have you spent going outside of the home (e.g., going to stores, parks, etc.)?**

- a. Not at all
- b. 1-2 days per week
- c. A few days per week
- d. Several days per week
- e. Every day

**17. ... how stressful have the restrictions on leaving home been for you?**

- a. Not at all / no changes

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- b. Slightly
- c. Moderately
- d. Very
- e. Extremely
- f. No ongoing restrictions

**18. ... have your contacts (in any format) with people outside of your home changed relative to *before* the Coronavirus/COVID-19 crisis in your area?**

- a. A lot less
- b. A little less
- c. About the same
- d. A little more
- e. A lot more

**19. ... how much difficulty have you had following the recommendations for keeping away from close contact with people (i.e., “physical distancing”, staying away from other people by the recommended physical distance)?**

- a. None
- b. A little
- c. Moderate
- d. A lot
- e. A great amount

**20. ... has the quality of the relationships between you and members of your family changed?**

- a. A lot worse
- b. A little worse
- c. About the same
- d. A little better
- e. A lot better

**21. ... how stressful have these changes in family contacts been for you?**

- a. Not at all / no changes
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

**22. ... has the quality of your relationships with your friends changed?**

- a. A lot worse
- b. A little worse
- c. About the same
- d. A little better
- e. A lot better

**23. ... how stressful have these changes in social contacts been for you?**

- a. Not at all / no changes
- b. Slightly
- c. Moderately
- d. Very

e. Extremely

**24. ...has cancellation of important events (such as graduation, prom, vacation, etc.) in your life been difficult for you?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

**25. ... to what degree have changes related to the Coronavirus/COVID-19 crisis in your area created financial problems for you or your family?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

**26. ... to what degree are you concerned about the stability of your living situation?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

**27. ... did you worry whether your food would run out because of a lack of money?**

- a. Yes
- b. No

**28. How hopeful are you that the Coronavirus/COVID-19 crisis in your area will end soon?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

**Thank you! Now we would like to ask you about your daily behaviors and sleep pattern during the PAST TWO WEEKS.**

#### **DAILY BEHAVIORS (PAST TWO WEEKS)**

**During the PAST TWO WEEKS:**

**29. ... on average, what time did you go to bed on WEEKDAYS?**

- a. Before 9 pm
- b. 9 pm-11 pm
- c. 11 pm-1 am
- d. After 1 am

- 30. ... on average, what time did you go to bed on WEEKENDS?**
- a. Before 9 pm
  - b. 9 pm-11 pm
  - c. 11 pm-1 am
  - d. After 1 am
- 31. ... on average, how many hours per night did you sleep on WEEKDAYS?**
- a. <6 hours
  - b. 6-8 hours
  - c. 8-10 hours
  - d. >10 hours
- 32. ... on average, how many hours per night did you sleep on WEEKENDS?**
- a. <6 hours
  - b. 6-8 hours
  - c. 8-10 hours
  - d. >10 hours
- 33. ...on average, did you have difficulties falling asleep (e.g., within 20 minutes) after going to bed?**
- a. Not at all
  - b. Rarely (less than once a week)
  - c. Occasionally (once or twice a week)
  - d. Often (three or more times a week but not daily)
  - e. Regularly (daily)
- 34. ...on average, did you wake up and remain awake during the night after falling asleep?**
- a. Not at all
  - b. Rarely (less than once a week)
  - c. Occasionally (once or twice a week)
  - d. Often (three or more times a week but not daily)
  - e. Regularly (daily)
- 35. ... how many days per week did you exercise (e.g., increased heart rate, increased rate of breathing) for at least 30 minutes?**
- a. None
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-6 days
  - e. Daily
- 36. ... how many days per week did you spend time outdoors?**
- a. None
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-6 days
  - e. Daily

**37. Are you required to wear a mask in your community (e.g., when you are in indoor public spaces, or when you go outside and cannot keep physical distance from other people)?**

- a. Yes
- b. No

**38. How many days per week are you required to wear a mask?**

- a. Never
- b. 1-2 days
- c. 3-4 days
- d. 5-6 days
- e. Daily
- f. Not applicable (e.g., I do not leave home)

**39. When asked to wear a mask, how easy is it for you to wear a mask?**

- a. Very easy, I have no difficulty wearing a mask when requested
- b. Some challenges, but I usually wear a mask when requested
- c. I often do not wear a mask when requested
- d. I never wear a mask when requested
- e. Not applicable, I have not been asked to wear a mask

**40. How many days per week do you wear a mask?**

- a. Never
- b. 1-2 days
- c. 3-4 days
- d. 5-6 days
- e. Daily

**41. Has your access to social, therapeutic, or educational activities been limited because of being unable to wear a mask?**

- a. Yes
- b. No
- c. Not applicable

#### **BEHAVIORS AND INTERESTS (PAST TWO WEEKS)**

During the **PAST TWO WEEKS**, how frequently did you:

**42. ...engage in repetitive motor mannerisms/movement (e.g., repetitive movements of the whole body, or hands and fingers, such as hand flapping, finger flicking)?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. Regularly

**43. ...engage in sensory seeking behaviors (e.g., visually inspecting things, touching or feeling things for a long time)?**

- a. Not at all



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- b. Rarely
- c. Occasionally
- d. Often
- e. Regularly

**44. ...engage in other rituals or routines?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. Regularly

**45. ...adjust easily to changes in daily routines (e.g., changes in time, location, order, or occurrence of regularly scheduled or typical daily activities such as appointments, mealtimes, or the addition of unexpected events/activities)?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. Regularly

**46. ...require family members and others that you interact with to maintain specific routines, rituals, habits, including doing things consistently, and requiring warning or change in family behavior?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. Regularly

**47. ...engage in an activity related to a highly specific and strong interest (e.g., play with the object/topic, talk about the object/topic, watch content related to that object/topic)?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. Regularly

**EMOTIONS/WORRIES (PAST TWO WEEKS)**

**During the PAST TWO WEEKS:**

**48. ... how worried were you generally?**

- a. Not worried at all
- b. Slightly worried
- c. Moderately worried
- d. Very worried
- e. Extremely worried

**49. ... how happy versus sad were you?**

- a. Very sad/depressed/unhappy
- b. Moderately sad/depressed/unhappy
- c. Neutral
- d. Moderately happy/cheerful
- e. Very happy/cheerful

**50. ... how much were you able to enjoy your usual activities?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very much
- e. A lot

**51. ... how relaxed versus anxious were you?**

- a. Very relaxed/calm
- b. Moderately relaxed/calm
- c. Neutral
- d. Moderately nervous/anxious
- e. Very nervous/anxious

**52. ... how fidgety or restless were you?**

- a. Not fidgety/restless at all
- b. Slightly fidgety/restless
- c. Moderately fidgety/restless
- d. Very fidgety/restless
- e. Extremely fidgety/restless

**53. ... how fatigued or tired were you?**

- a. Not fatigued or tired at all
- b. Slightly fatigued or tired
- c. Moderately fatigued or tired
- d. Very fatigued or tired
- e. Extremely fatigued or tired

**54. ... how well were you able to concentrate or focus?**

- a. Very focused/attentive
- b. Moderately focused/attentive
- c. Neutral
- d. Moderately unfocused/distracted
- e. Very unfocused/distracted

**55. ... how irritable or easily angered were you?**

- a. Not irritable or easily angered at all
- b. Slightly irritable or easily angered
- c. Moderately irritable or easily angered
- d. Very irritable or easily angered
- e. Extremely irritable or easily angered

**56. ... how lonely were you?**

- a. Not lonely at all

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- b. Slightly lonely
- c. Moderately lonely
- d. Very lonely
- e. Extremely lonely

**57. ... to what extent did you have negative thoughts, thoughts about unpleasant experiences or things that make you feel bad?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. A lot of the time

**58. ... to what extent did you have support from other people to make important decisions or to help you deal with problems?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. A lot of the time

**MEDIA USE (PAST TWO WEEKS)**

During the **PAST TWO WEEKS**, how much time per day did you spend:

**59. ... watching TV or digital media (e.g., Netflix, YouTube, web surfing)?**

- a. No TV or digital media
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

**60. ... using social media (e.g., Facetime, Facebook, Instagram, Snapchat, Twitter, TikTok)?**

- a. No social media
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

**61. ... playing video games?**

- a. No video games
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

**SUBSTANCE USE (PAST TWO WEEKS)**

During the **PAST TWO WEEKS**, how frequently did you use:

**62. ... alcohol?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**63. ... vaping products?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**64. ... cigarettes or other tobacco products?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**65. ... marijuana/cannabis (e.g., joint, blunt, pipe, bong)?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**66. ... opiates, heroin, or narcotics?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**67. ... other drugs including cocaine, crack, amphetamine, methamphetamine, hallucinogens, or ecstasy?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**68. ... sedatives or hypnotics?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**SUPPORTS**

Thank you for answering the questions above.

Now we would like to ask you about changes in services and supports. We will ask you about just the **PAST TWO WEEKS**.

**69. Which of the following supports were in place for you before the Coronavirus/COVID-19 crisis in your area and have been disrupted over the PAST TWO WEEKS? (check all that apply)**

- a. Resource room
- b. Tutoring
- c. Mentoring programs
- d. After school activity programs
- e. Volunteer programs
- f. Psychotherapy (e.g., cognitive behavioral therapy)
- g. Psychiatric care
- h. Occupational therapy
- i. Physical therapy
- j. Speech/language therapy
- k. Sporting activities
- l. Medical care for chronic illnesses
- m. Counseling
- n. Social skills group
- o. Peer support group
- p. Vocational support (e.g., supported employment, interview training)
- q. Other: Specify \_\_\_\_\_
- r. None of the above

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70. Are you currently in school? (Y/N)

71. In the past two weeks, how has your access to the following interventions or services that you receive IN SCHOOL been affected by the Coronavirus (COVID-19) crisis? [Note: skip if not in school, or on a regular summer/winter school break]

	I continue to receive this service through my school (may be modified) (1)	I have not had access and have not received this service during COVID-19 (2)	I did not regularly receive this service before (3)
Academic/functional skills education (1)			
Speech Therapy (2)			
Occupational Therapy (OT) (3)			
Physical Therapy (PT) (4)			
Applied Behavior Analysis Therapy (ABA Therapy) (5)			
Social Skills Therapy (6)			
General psychology/ in-school counseling (7)			

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**71a. For each service above, if option (1) is selected:**

**Please specify how [insert service name from above] has been provided in the past two weeks:**

- a. Using telehealth (e.g. Zoom, Skype, phone conversations)
- b. Through emails and materials sent to my home
- c. By a teacher, worker, or therapist coming to my home
- d. Through in-person appointments outside of the home

**71b. [For each service above, if in question 71a option (a) is selected, then ask]:**

**for the [specify the service depending on prior answer with if logic] that you are now receiving via telehealth (e.g., Zoom, Skype, phone conversations), how helpful have you found these accommodations in the past two weeks?**

- a. Not helpful at all
- b. A little helpful
- c. Somewhat helpful
- d. Extremely helpful

**71c. [For each service above, if in question 71a option (b) is selected, then ask]:**

**for the [specify the service depending on prior answer with if logic] that you are now receiving via emails or materials sent home, how helpful have you found these accommodations in the past two weeks?**

- a. Not helpful at all
- b. A little helpful
- c. Somewhat helpful
- d. Extremely helpful

**72. Have there been changes in the services that you receive THROUGH THE SCHOOL that have affected you in the PAST TWO WEEKS? Yes/No [Note: skip if not in school]**

**72a. If yes, please indicate why (select all that apply).**

	Changes are due to COVID-19 (1)	Changes are due to other reasons (e.g., summer/winter break, new school year, change of town) (2)	No changes (I did not regularly receive this service before) (3)
Academic/functional skills education (1)			
Speech Therapy (2)			
Occupational Therapy (OT) (3)			
Physical Therapy (PT) (4)			
Applied Behavior Analysis Therapy (ABA Therapy) (5)			
Social Skills Therapy (6)			
General psychology/ in-school counseling (7)			



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**73. In the past two weeks, how has your access to the following interventions or services that you receive (outside of school) been affected by the Coronavirus (COVID-19) crisis?**

	I continue to receive this service (may be modified) (1)	I have not had access and have not received this service during COVID-19 (2)	I did not regularly receive this service before (3)
Speech Therapy (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy (OT) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Therapy (PT) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applied Behavior Analysis Therapy (ABA Therapy) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Skills Therapy (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General psychology / Counseling (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical visits (e.g. Psychiatry / Developmental Pediatrics / Neurology etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Therapy (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational Support (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**73a.** [For each service above, if option (1) is selected]:

**Please specify how [insert service name] has been provided in the past two weeks:**

- Using telehealth (e.g. Zoom, Skype, phone conversations)
- Through emails and materials sent to my home
- By a worker or therapist coming to my home
- Through in-person appointments outside of the home

**73b.** [For each service above, if in question 73a option (a) is selected, then ask]:

**for the [specify the service depending on prior answer with if logic] that you are now receiving via telehealth (e.g., Zoom, Skype, phone conversations), how helpful have you found these accommodations in the past two weeks?**

- Not helpful at all

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- b. A little helpful
- c. Somewhat helpful
- d. Extremely helpful

**73c.** [For each service above, if in questions 73a option (b) is selected, then ask]:  
**for the [specify the service depending on prior answer with if logic] that you are now receiving via emails or materials sent home, how helpful have you found these accommodations in the past two weeks?**

- a. Not helpful at all
- b. A little helpful
- c. Somewhat helpful
- d. Extremely helpful

**74. Have there been changes in the services that you receive (outside of school) that have affected you in the PAST TWO WEEKS? Yes/No**

**74a. If yes, please indicate why (select all that apply).**

	Changes are due to COVID-19 (1)	Changes are due to other reasons (e.g., summer/winter break, insurance change, change of town) (2)	No changes (I did not regularly receive this service before) (3)
Speech Therapy (1)			
Occupational Therapy (OT) (2)			
Physical Therapy (PT) (3)			
Applied Behavior Analysis Therapy (ABA Therapy) (4)			
Social Skills Therapy (5)			
General psychology / Counseling (6)			
Medical visits (e.g. Psychiatry / Developmental Pediatrics / Neurology etc.) (7)			
Recreational Therapy (8)			
Vocational Support (9)			

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**75. In the past two weeks, have you needed to access any of the following providers and how did you do so?**

	I have not needed access to this type of provider (1)	Yes, I have accessed through telehealth or telemedicine (2)	Yes, I have accessed through at-home appointments (3)	Yes, I have accessed through in-person office appointments (4)	I could not access this provider (5)
Family Doctor/ General Pediatrician (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology / Developmental Pediatrician (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychology (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other subspecialties (such as endocrinology, dentistry) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**75a. Please tell us more about what you find helpful / not helpful about telehealth services, if you have received them: \_\_\_\_\_ [TEXT BOX]**

**76. In the past two weeks, have there been changes in the access to the above providers? Yes/No**

**76a. If yes, please indicate why (select all that apply).**

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	Changes are due to COVID-19 (1)	Changes are due to other reasons (e.g. summer/winter break, insurance change, change of town) (2)	No changes (I did not regularly receive this service before) (3)
Family Doctor/ General Pediatrician (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology / Developmental Pediatrician (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychology (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other subspecialties (such as endocrinology, dentistry) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**77. In the past two weeks, what of the following have you experienced overall? Please select all that apply.**

- a. My routine appointments have been canceled or postponed.
- b. My scheduled procedures or treatments have been canceled or postponed.
- c. I have had difficulty reaching or speaking to my doctor(s).
- d. I have had trouble accessing my medications or getting prescriptions filled.
- e. I have had trouble managing or administering my medications.
- f. I have trouble affording my medications, treatments, or therapy.
- g. I have lost access to a clinical trial.
- h. Other (Please specify) \_\_\_\_\_
- i. None of the above

**78. In the past two weeks, have there been any changes in medications prescribed for your *mental health or behavior* concerns? (Yes/No)**

a. If Yes:

**78a. Which options would be the most helpful to best manage your medications? (check all that apply)**

1. Reminders or notifications to administer medication
2. Help with cost of medications
3. Access to refills or having enough medication at home
4. Help adjusting the dose of medication
5. Not applicable, as medications were discontinued
6. Other (Please specify)
7. None of the above

**79. In the past two weeks, have there been any changes in medications prescribed for your *physical health*? (Yes/No)**

a. If Yes:

**79a. Which options would be the most helpful to best manage your medications? (check all that apply)**

1. Reminders or notifications to administer medication
2. Help with cost of medications
3. Access to refills or having enough medication at home
4. Help adjusting the dose of medication
5. Not applicable, as medications were discontinued
6. Other (Please specify)
7. None of the above

#### GENERAL IMPACT

**80. Which one of the following statements best describes your current status? (Please check one).**

- a. Everything is fine, I am not in crisis at all.
- b. Everything is fine, but sometimes I have difficulties.
- c. Things are sometimes stressful, but I can deal with problems if they arise.
- d. Things are often stressful, but I am managing to deal with problems when they arise.
- e. Things are very stressful, but I am getting by with a lot of effort.
- f. I have to work extremely hard every moment of every day to avoid having a crisis.
- g. I won't be able to handle things soon. If one more thing goes wrong - I will be in crisis.
- h. I am currently in crisis, but am dealing with it myself.
- i. I am currently in crisis, and have asked for help from crisis services. (Emergency room, hospital, community crisis supports).
- j. I am currently in crisis, and it could not get any worse.

#### ADDITIONAL CONCERNS AND COMMENTS

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**Please describe anything else that concerns you about the impact of Coronavirus/COVID-19 on you, your friends, or your family.**

[TEXT BOX]

**Please provide any comments that you would like about this survey and/or related topics.**

[TEXT BOX]