



## Nevada Commission On Autism Spectrum Disorders

*Addressing issues across the lifespan*

We are collecting information from individuals across the state living with Autism Spectrum Disorder (consumers, family members, care providers, and advocates) to help the state understand what kind of services are needed to support Nevada residents with Autism Spectrum Disorder (ASD). We are also trying to identify what prevents people who need assistance from getting the help they require.

All responses will remain anonymous. If you would like to take this survey online, please go to: <https://www.surveymonkey.com/s/NV-ASD>

You can complete the survey by:

1. Completing it online at the link provided.
2. Completing the survey in the interactive PDF provided, saving it and emailing it to: [lwatson@socialent.com](mailto:lwatson@socialent.com)
3. Completing the survey in hard copy and mailing it to:

Social Entrepreneurs, Inc.  
Attn: Lisa Watson  
6548 South McCarran Blvd., Suite B  
Reno, NV 89509

### RESPONDENT PROFILE QUESTIONS

*Please answer the following questions to help us understand who you are representing as you complete this survey.*

- 1. Which of the following best describes you?**  
(check all that apply)
  - Current consumer of ASD services
  - Former consumer of ASD services
  - Friend/family member of someone with ASD
  - Parent of a child with ASD, currently receiving services
  - Parent of a child with ASD, no longer receiving services
  - Parent of a child with ASD, who has not received services
  - Advocate for individuals living with ASD
  - Someone in need of ASD services but not currently receiving them
  - Not sure
- 2. At what age were you or the person that you care for identified as having an Autism Spectrum Disorder?**  
\_\_\_\_\_
- 3. What age are you (as the person with ASD) or the person that you care for with ASD currently?**  
\_\_\_\_\_
- 4. Please check the box below if you are completing this survey on behalf of someone with ASD who is unable to complete it independently.**
  - I am completing this survey on behalf of someone with ASD who is unable to complete it independently.

*Please answer the following questions, as they relate to yourself, or the person with ASD if you are completing it on their behalf.*

- 5. What is your gender?**
  - Male
  - Female
- 6. What is your age?**
  - 0-12
  - 13-17
  - 18-20
  - 21-24
  - 25-44
  - 45-64
  - 65-74
  - 75+
- 7. What is your race/ethnicity?**
  - White
  - Hispanic
  - Black/African American
  - American Indian/Alaskan
  - Pacific Islander
  - Asian
  - Mixed Race
  - Other
- 8. What County do you live in?**
  - Carson City
  - Churchill
  - Clark
  - Douglas
  - Elko
  - Esmeralda
  - Eureka
  - Humboldt
  - Lander
  - Lincoln
  - Lyon
  - Mineral
  - Nye
  - Pershing
  - Storey
  - Washoe
  - White Pine

## SURVEY QUESTIONS

<p><b>9. Can you please share with us what your 3 greatest worries are for yourself (as someone living with ASD) or for the person you know living with ASD? These may be things you are worried about now or things you are worried about for the future.</b></p>
<p>a.</p>
<p>b.</p>
<p>c.</p>
<p><b>10. We are trying to understand the greatest needs of people who are living with ASD in Nevada. Can you please provide us with the 3 most pressing needs that you or the person you know with ASD has?</b></p>
<p>a.</p>
<p>b.</p>
<p>c.</p>
<p><b>11. Can you please tell us what is working well for you (as someone living with ASD), or for the person you know living with ASD?</b></p>
<p> </p>

<p><b>12. There are a number of reasons that people may not receive the assistance they need. We want to understand why people who need services may not be able to access care. Please indicate which of the following you believe prevents you or other people from accessing services, treatments and/or supports; and then select severity of the issue.</b></p>						
Barriers to Services	Is this an issue?		If you answered yes, please indicate to what extent you believe this issue prevents you/others from accessing care.			
	No	Yes	Big Problem	Medium Problem	Little Problem	Isolated Issue
No local services available						
Lack of transportation						
Lack of medical insurance						
Haven't been able to receive a diagnosis						
Insurance doesn't cover needed services/treatment						
Cost prohibitive, or lack of money						
Long wait lists						
Not enough services available						
Not enough service providers						
Don't know where to get help or what help I need						
Behavioral Issues						
Stigma associated with ASD						
Service providers are not available						
Service providers are not well informed						
Service providers are not supportive						
Service providers do not understand my needs						
Other (please describe):						

## SURVEY QUESTIONS

**13. How significant of an issue is services to individuals with ASD in your community?**

- This is a big issue – there are a lot of needs that remain unaddressed
- This is a moderate issue – there are ongoing needs, but services are available
- This is a minor issue – there are system improvements needed, but they are minor and do not affect the critical health or quality of life for individuals with ASD.
- This is not an issue – services being provided are sufficient to meet the needs of people.

**14. What do you think we should focus on to address the needs of people with ASD? Please list them in order of importance.**

Most important issue to address for people with ASD:

Second most important issue to address for people with ASD:

Third most important issue to address for people with ASD:

**15. It is important for us to understand unique family experiences of individuals who live with ASD. Please provide us with an experience that you have had as someone with ASD, or as someone who cares for someone with ASD that will help us describe living with ASD in Nevada. (500 word maximum)**

**Thank you for taking the time to complete this survey. Your input is valuable and appreciated!**