Ensure Comfortable Visits with the Autism-Friendly Questionnaire

To help ensure that pediatric patients with autism have a comfortable experience when visiting the clinic, clinicians can send them the Autism-Friendly questionnaire developed by Rady Children's Hospital San Diego. Clinicians can send the questionnaire to a patient or a proxy in MyChart before an appointment and use the responses to better plan for the appointment. For example, if a response indicates that light may cause the patient to become anxious or agitated, the clinician can plan to dim the lights in the exam room. Patient responses file to flowsheets where the data is stored over time, so that the clinician can make appropriate accommodations for a patient even if they don't fill out the questionnaire before each visit.

The Autism-Friendly Questionnaire flowsheet template is also available in the Flowsheets activity.

For more information – within Epic UserWeb – go to
https://nova.epic.com/Select?CstID=637&RnID=853060

Autism-Friendly Questionnaire

Attached to a message from **Dr. Physician Gastroenterology, MD received 1/12/2023**

Relationship of Person Completing Questionnaire

| Patient | Mother | Father | Legal guardian | Other caregiver |

What is the best way to communicate with your child?
Select all that apply.

| Verbally (Fully fluent) | Verbally (Single words/phrases) | Pictures | Writing it down |

| Communication device | Sign language | Other (Comment) |

What might cause your child to be anxious and/or agitated?
Select all that apply.

| Lights | Medications | Multiple care providers or groups of people | Smells | Sounds | Tape/band-aids |

| Tastes/textures | Touch | Other (Comment) |

How does your child demonstrate/communicate pain?
Select all that apply.

| Verbally | Able to use pain scale | Withdrawal | Refusal to participate in daily activities | Crying |

| Body position | Communication device | Facial expressions | Pointing | Other (Comment) |

What are your child's early signs of anxiety and/or agitation?
Select all that apply.

| Flapping | Withdrawal | Fidgeting | Yelling | Self-harm | Rocking | Clenching | Pacing |

| Avoiding eye contact | Refusal | Focusing on a specific topic | Echolalia/repetitive phrases |

| Other (Comment) |

What are your child's favorite activities/objects or rewards?
Select all that apply.

| Electronics | Books | Sticker chart | Play items | Food | Other (Comment) |

What are helpful techniques to support a positive experience for your child's visit?
Select all that apply.

| Bubbles | Headphones | iPad | Allow time to think about questions/instructions | Simple direct language |

| Visual schedule | Written schedule | Weighted vest/blanket | Self-soothing behavior | Fidgets |

| Pressure | Provide 2-3 choices when offering items/activities | Keep lights dimmed | Keep noise levels low |

| Music | Give "2 minute" warning before anything changes | Model of any procedures | Medication |

| Other (Comment) |

Does your child have any specific behaviors that we should know about?
Select all that apply.

| Fixation on objects | Aggression towards others | Rocking back and forth | Repetitive actions | Self-harm |

| Swiping/grabbing items | Running/escaping | Other (Comment) |

Is there anything specific you would like us to know about your child's previous medical experiences, i.e., things that went well, things that could be improved upon by staff to best meet the needs of your child?

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