

# **AUTISM AND SELF-EMPLOYMENT SURVEY**

## **San Diego State University Consent to Act as a Research Subject**

You are being asked to participate in a research study. Before you give your consent to be a part of the study, carefully read the following information. If you have questions, you can email or call the researcher using the information provided in this form.

If you are under legal guardianship of a parent or other adult, your parent or guardian may read this consent form and complete this survey with you if they are knowledgeable about your employment. If you are unable to complete this survey by yourself, you may also seek help from another adult who is knowledgeable about your self-employment, such as a caregiver or job coach. They may provide you with partial or full assistance in filling out this survey.

### **Investigators**

San Diego State University Department of Special Education  
Michelle Lazar, graduate student and Bonnie Kraemer, Ph.D., assistant professor

### **Who Can Participate?**

- (1) You can complete this survey if you are at least 18 years of age, have been diagnosed with an autism spectrum disorder (e.g. Asperger Syndrome, Autism, PDD-NOS), and have been self-employed for any length of time.
- (2) You may still participate in this study if you are an “employee” of a company but also conduct self-employed work part time.
- (3) You may also complete this survey if you are the legal guardian, caregiver, job coach, or other knowledgeable adult working with an individual who meets the above criteria. The parent or guardian should only complete this survey if the individual is not cognitively or physically capable of completing it on his or her own.

### **Description and Purpose of the Study**

This is a survey to learn more about people with autism who are self-employed. In the survey, you will be asked questions about your background, your work, and your level of satisfaction with your employment. The survey has 26 questions and should take about 20 minutes to complete.

### **Benefits of Study:**

Potential benefits of this study include an increased awareness of self-employment as a career option for individuals with autism. We can't promise however, that you will receive any benefits from participating in this study.

### **Risks or Discomforts:**

There are no known risks in completing this study. You have the right to only complete the questions you are comfortable with. You can stop the survey at any time.

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## **Confidentiality and Anonymity:**

Your participation in this study is completely anonymous. In no way will your name be linked with your responses. In order to make sure your information is confidential, do NOT write your name or address on the survey. Do NOT include your name or other confidential information in the comments section on the online survey. Survey responses entered into our online survey are confidential and are not in anyway linked to your email address.

## **Voluntary Nature of Participation:**

**Participation in this study is completely voluntary.** You may end your participation in this study at any time. You will not be penalized for ending your participation.

## **Consent to Participate:**

The San Diego State University Institutional Review Board has approved this consent form. The consent form must be reviewed annually and will expire a year after it has been approved. **By continuing on to complete the survey you agree that you have read the information in this document and have had a chance to ask any questions you have about the study.**

Completing the survey also indicates that you agree to be in the study and have been told that you can change your mind and decide not to participate at any time. Please print or keep a copy of this consent form for your records. You have been told that by completing the survey you are not giving up any of your legal rights.

## **How to Complete this Survey:**

You may completed the attached paper survey or complete the survey over the internet. **SURVEYS MUST BE RETURNED BY MAY 1, 2006.**

### **By Mail:**

Complete the attached survey and mail back to the investigator. Do not write your return address on the envelope in order to maintain confidentiality.

*Mail your completed survey to:*

Michelle Lazar  
P.O. Box 221016  
San Diego, CA 92192

### **Online:**

Go to the following link

**<http://www.surveymonkey.com/s.asp?u=698841663000>**

Follow the directions on the screen to complete the survey.

## **Questions about the Study:**

If you have questions about the research, you may contact the following investigator: Michelle Lazar at 619-665-3381 or [mlazar2@san.rr.com](mailto:mlazar2@san.rr.com)

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Institutional Review Board at San Diego State University at 619-594-6622, or at [irb@mail.sdsu.edu](mailto:irb@mail.sdsu.edu).

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## PART A: Information about You

### 1. Did anyone help you fill out this survey?

- No, I completing the survey by myself
- I had some help
- I had a lot of help
- This survey is being completed by a parent, guardian, or other adult knowledgeable about my self-employment

### 2. If someone helped you complete this survey, please check who it was:

- No one helped me
- Parent or Legal Guardian
- Caregiver
- Job Coach or Employment Support Person
- Other \_\_\_\_\_

### 3. What is your diagnosis?

- Asperger Syndrome
- Autism
- Other \_\_\_\_\_

### 4. How do you communicate with others? (check all that apply)

- Speech/ Verbal Language
- Sign language and/or Gestures
- Pictures
- Communication Device
- Other \_\_\_\_\_

### 5. How would you describe your disability?

- Severe
- Moderate
- Mild
- I don't consider myself disabled

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## 6. What is your gender?

- Male
- Female

## 7. How old are you?

- 18-27 years old
- 28-37 years old
- 38-47 years old
- 48-57 years old
- 58-67 years old
- 68 years or older

## 8. What is your ethnicity?

- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Other \_\_\_\_\_

## 9. What is the highest level of education you have completed?

- Some High School
- High School or GED
- Trade or Vocational School
- Some College
- Bachelor's Degree
- Graduate or Doctorate Degree

## 10. What is your current living situation?

- I live independently with no assistance
- I live in my own place with help from others
- I live with family
- I live in a group home
- Other \_\_\_\_\_

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## **PART B: General Questions about Your Self-Employment**

### **11. Why did you choose self-employment?**

**(check all that apply)**

- I wanted to “work for myself”
- There was a need for my type of business in the community
- I wanted to make more money
- I wanted to own a business
- I had difficulty finding a job
- Self-employment helps accommodate my disability
- Self-employment allows me to use my special interests or talents
- Other \_\_\_\_\_

### **12. What type of business do you have? (check all that apply)**

- I sell products
- I offer a service

### **13. Provide a short description of what type of self-employment work you do:**

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### **14. Does your self-employment incorporate a special interest, hobby, or talent you have?**

- Yes
- No
- I’m not sure

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**15. If your self-employment does incorporate a special interest, hobby, or talent, please tell us what your interest or talent is and how you use it in your work (if not, leave blank):**

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**16. How long have you been self-employed?**

- up to 6 months
- 7 months-1 year
- 2-5 years
- 6-10 years
- 11-20 years
- 21 years or more

**17. How many hours per week is your self-employed work?**

- 0-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-40
- 41 or more

**18. How much do you make per month from self-employment?  
(not including income from other employed jobs you may have)**

- Less than \$250
- \$251-\$500
- \$501-\$1000
- \$1001-\$2000
- \$2001-\$3000
- \$3001-\$4000
- \$4001-\$5000
- \$5001 or more

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### **19. Do you have other sources of income outside of your self-employment work?: (check all that apply)**

- Self-employment is my only source of income
- Spouse's income
- SSI or SSDI
- Additional job (employed)
- Family
- Other \_\_\_\_\_

### **20. What areas of your self-employment do you require regular help with? (check all that apply)**

- Transportation
- Communicating with customers or clients
- Finances
- Marketing
- Carrying out the actual work
- Scheduling
- Purchasing supplies
- Record keeping
- Other \_\_\_\_\_

### **21. What type of medical insurance do you have?**

- I don't have medical insurance
- I'm covered under my family's medical insurance
- Medicare/Medicaid
- Private Insurance
- Insurance through another job I have
- Other \_\_\_\_\_

## **PART C: Questions about Your Job Satisfaction**

### **22. How happy are you with your self-employment work?**

- Very happy
- Somewhat happy
- Neutral
- Somewhat unhappy
- Very unhappy

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**23. Do you hope to stay self-employed in the future?**

- Yes
- Maybe
- No

**24. What are the advantages to being self-employed?  
(check all that apply)**

- Control over what I do
- Independence
- Uses my interests or talents
- Allows me to do things I'm good at
- Personal enjoyment
- Higher pay
- There are no advantages
- Other \_\_\_\_\_

**25. What are the disadvantages to being self-employed?  
(check all that apply)**

- Difficult to start up
- Financial difficulties
- Health benefits
- Managing the business
- Finding people to help me
- Accommodating my disability
- There are no disadvantages
- Other \_\_\_\_\_

**26. Please provide any other comments you think would be helpful in regards to autism and self-employment:**

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