

Attachment E. Consent and Recruitment Email for ASD Patient and Provider Survey

Dear Parent/Caregiver/Provider/Health and Social Service Professional,

You are being asked to complete an online survey because you are the parent/caregiver of a child with an autism spectrum disorder, you have an autism spectrum disorder, or you have had experiences with individuals with autism spectrum disorders as a health care provider/other health and social service professional.

Children with special health care needs and people of all ages with autism spectrum disorders are at-risk for severe outcomes during disasters. The Center for Public Health Readiness and Communication at the Drexel University will work with partners to study the disaster communication needs of these two understudied populations. The results of this study will be used to develop tools that can be used for communicating with at-risk communities during emergencies and disasters.

We are asking families and caregivers of children and youth with an autism spectrum disorder, health care providers, and other health professionals to complete an online survey providing information about themselves and their preparedness and communication needs. There are two survey links included at the end of this email. **Please only complete the survey applicable to you.** One survey is for parents and caregivers; the other is for health care providers or other health and social service professionals. The survey should take 15 minutes to complete.

Participation in this research study is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to skip any particular question you do not wish to answer for any reason.

Any personal information you provide will only be shown to people who have a need to review this information. No names or identifying information would be included in any publications or presentations based on these data, and your responses to this survey will remain private.

If you have questions, concerns, or complaints, talk to the research team:

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ELECTRONIC CONSENT: You may print a copy of this consent form for your records. Clicking on the survey link below indicates that:

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

If you are a **parent or caregiver of child or youth with an autism spectrum disorder**, please click the link to the survey below.

<Insert Survey Link>

If you are a **health care provider or other health and social service professional**, please click the link to the survey below.

<Insert Survey Link>

Thank you for your participation!