Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/XXXX

Survey to Promote Resources and Opportunities for aUtistic Teens and young adults (SPROUT): Self-Report 1

This survey is intended to be administered online. This version of the survey is intended for children and adolescents aged 9-17 years old who have the ability to report on how they feel about life and deal with stress. It is expected to take no longer than 15 minutes to complete.

Thank you in advance for completing this survey. Results will help us learn how we can help children and adolescents with different abilities get the support they need. Please remember that your answers are voluntary. They will be kept private to the extent allowed by law. You do not need to answer any question that makes you feel uncomfortable. The survey should take no more than 15 minutes to complete.

1. How old are you?

2. DURING THE PAST YEAR, have you spoken to a doctor?

☐ Yes
☐ No (Go to #3)

2a. *If yes*: Was there ever a time when you spoke alone with a doctor without anyone else in the room?

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8 Atlanta, Georgia 30329; ATTN: PRA (0920-XXXX)

The Centers for Disease Control and Prevention (CDC) is authorized to collect this information under Sections 301(a) [42 U.S.C. § 241(a)] and 317C of the Public Health Service Act [42 U.S.C. § 247b-4], as amended, including Public Law No. 106-310 (Children's Health Act of 2000), Public Law No. 109-416 (Combating Autism Act of 2006), and Public Law No. 118–180 (Autism CARES Act of 2024). CDC will use this information to support surveillance activities related to autism spectrum disorder (ASD), and to inform the development, implementation, and evaluation of public health programs and services aimed at improving outcomes for individuals with ASD and their families.

The Privacy Act of 1974, 5 U.S.C. §552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC's System of Records Notice (SORN) No. 09-20-0136, Epidemiologic Studies and Surveillance of Disease Problems. See 57 Fed. Reg 62811 (Dec. 31, 1992). CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the Federal Register, and as authorized by law. These uses may include, but are not limited to, sharing information with authorized contractors, collaborating researchers, or other federal, state, or local agencies, as permitted by law. Providing this information is voluntary. There are no penalties for not participating. However, failure to provide requested information may limit the completeness or usefulness of the data for public health surveillance and program planning purposes.

☐ Yes
☐ No

3. OVER THE LAST 2 WEEKS, how often have you been bothered by the following problems?				
	Not at all	**Several days**	**More than half the days**	**Nearly every day**
a. Feeling anxious, nervous, or on-edge	☐	☐	☐	☐
b. Not being able to stop or control worrying	☐	☐	☐	☐
c. Little interest or pleasure in doing things	☐	☐	☐	☐
d. Feeling down, depressed, or hopeless	☐	☐	☐	☐

	Yes	**No**
e. Have you ever seriously thought about committing suicide?	☐	☐
f. Have you ever made a plan for committing suicide?	☐	☐
g. Have you ever attempted suicide?	☐	☐

If you have thoughts about suicide, please contact the National Suicide Prevention Lifeline by calling 1-800-273-8255 or texting 988.

4. Different people deal with stress in different ways. For each item below, we'd like to know how much you've been using the strategy to deal with stress. You only need to think about how much you use the strategy (not about how useful it is).

	Not at all	A little	A medium amount	A lot
Turning to work or other activities to take my mind off things.	☐	☐	☐	☐
Concentrating my efforts on doing something about the situation I'm in.	☐	☐	☐	☐
Saying to myself "this isn't real.".	☐	☐	☐	☐
Using alcohol or other drugs to make myself feel better.	☐	☐	☐	☐
Getting emotional support from others.	☐	☐	☐	☐
Giving up trying to deal with it.	☐	☐	☐	☐
Taking action to try to make the situation better.	☐	☐	☐	☐
Refusing to believe that it has happened.	☐	☐	☐	☐
Saying things to let my unpleasant feelings escape.	☐	☐	☐	☐
Getting help and advice from other people.	☐	☐	☐	☐
Using alcohol or other drugs to help me get through it.	☐	☐	☐	☐
Trying to see it in a different light, to make it seem more positive.	☐	☐	☐	☐
Criticizing myself.	☐	☐	☐	☐
Trying to come up with a strategy about what to do.	☐	☐	☐	☐
Getting comfort and understanding from someone.	☐	☐	☐	☐
Giving up the attempt to cope.	☐	☐	☐	☐
Looking for something good in what is happening.	☐	☐	☐	☐
Making jokes about it.	☐	☐	☐	☐
Doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	☐	☐	☐	☐
Accepting the reality of the fact that it has happened.	☐	☐	☐	☐
Expressing my negative feelings.	☐	☐	☐	☐

Trying to find comfort in my religion or spiritual beliefs.	☐	☐	☐	☐
Trying to get advice or help from other people about what to do.	☐	☐	☐	☐
Learning to live with it.	☐	☐	☐	☐
Thinking hard about what steps to take.	☐	☐	☐	☐
Blaming myself for things that happened.	☐	☐	☐	☐
Praying or meditating.	☐	☐	☐	☐
Making fun of the situation.	☐	☐	☐	☐

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5. These questions ask how you feel about different areas of your life. If you don't know which answer to give, choose the one that fits best. We ask that you think about your life in the past 2 weeks.					
	Very Poor	**Poor**	**Neither Poor nor Good**	**Good**	**Very Good**
How would you rate your quality of life? Quality of life is how you feel about your overall well-being.	☐	☐	☐	☐	☐
	Very Dissatisfied	**Dissatisfied**	**Neither Satisfied nor Dissatisfied**	**Satisfied**	**Very Satisfied**
How satisfied are you with your health?	☐	☐	☐	☐	☐
	Not At All	**A Little**	**A Moderate Amount**	**Very Much**	**An Extreme Amount**
To what extent do you feel that physical pain prevents you from doing what you need to do?	☐	☐	☐	☐	☐
How much do you need medical treatment to function in your daily life?	☐	☐	☐	☐	☐
How much do you enjoy life?	☐	☐	☐	☐	☐
To what extent do you feel your life to be meaningful?	☐	☐	☐	☐	☐
	Not At All	**A Little**	**A Moderate Amount**	**Very Much**	**An Extreme Amount**
How well are you able to concentrate?	☐	☐	☐	☐	☐
How safe do you feel in your daily life?	☐	☐	☐	☐	☐
How healthy is your physical environment?	☐	☐	☐	☐	☐

	Not At All	A Little	Moderately	Mostly	Completely
Do you have enough energy for everyday life?	☐	☐	☐	☐	☐
Are you able to accept your bodily appearance?	☐	☐	☐	☐	☐
Have you enough money to meet your needs?	☐	☐	☐	☐	☐
How available to you is the information you need in your day-to-day?	☐	☐	☐	☐	☐
To what extent do you have the opportunity for leisure activities?	☐	☐	☐	☐	☐
	Very Poor	**Poor**	**Neither Poor nor Good**	**Good**	**Very Good**
How well are you able to get around physically?	☐	☐	☐	☐	☐
	Very Dissatisfied	**Dissatisfied**	**Neither Satisfied nor Dissatisfied**	**Satisfied**	**Very Satisfied**
How satisfied are you with your sleep?	☐	☐	☐	☐	☐
How satisfied are you with your ability to perform your daily living activities?	☐	☐	☐	☐	☐
How satisfied are you with your capacity for work?	☐	☐	☐	☐	☐
How satisfied are you with yourself?	☐	☐	☐	☐	☐
How satisfied are you with your personal relationships?	☐	☐	☐	☐	☐
How satisfied are you with your romantic	☐	☐	☐	☐	☐

life?					
How satisfied are you with the support you get from your friends?	☐	☐	☐	☐	☐
How satisfied are you with the conditions of your living place?	☐	☐	☐	☐	☐
How satisfied are you with your access to health services?	☐	☐	☐	☐	☐
How satisfied are you with your transport?					
	Never	**Seldom**	**Quite Often**	**Often**	**Always**
How often do you have negative feelings such as blue mood, despair, anxiety or depression?	☐	☐	☐	☐	☐

6. What do you enjoy doing?

7. What are your hopes and dreams for the future?

Survey to Promote Resources and Opportunities for aUtistic Teens and young adults (SPROUT): Self-Report 1 Survey

Some questions in the SPROUT self-report 1 survey were selected from national surveys or OMB approved Study to Explore Early Development Phase 1 (SEED 1; OMB #0920-0741), SEED 3; OMB #0920-1171), SEED Teen Survey (OMB #0920-1219), and SEED Follow-Up Survey (OMB #0920-1392).. National survey question sources for the SPROUT self-report 1 survey are :

- *National Longitudinal Transition Study-2 (NLTS2) (http://www.nlts2.org/)*
- *National Comorbidity Survey: National Comorbidity Survey*

Additionally, questions from four validated, standardized instruments were embedded into the survey:

- *Generalized Anxiety Disorder – 2 (GAD-2)*
- *Patient Health Questionnaire – 2 (PHQ-2)*
- *Brief COPE Inventory (Brief COPE)*
- *World Health Organization Quality of Life – BREF (WHOQOL -BREF)*

SPROUT investigators were mindful of the benefits of using previously tested and/or OMB approved questions and developing new questions that offer unique information not available elsewhere. New questions were developed by SPROUT investigators after reviewing the literature and considering priorities set forth by a federal autism advisory board (IACC | Interagency Autism Coordinating Committee).

Sources of each question in the self-report 1 survey are provided in the following pages. New questions are highlighted in blue.

	Question Source(s)			
Question:	**SEED 1-3**	**SEED Teen**	**SEED Follow-Up**	**Other Source**
1. How old are you?				Adapted from SEED1-3: "What is your child's date of birth?"
2. DURING THE PAST YEAR, have you spoken to a doctor? 2a. If yes: Was there ever a time when you spoke to a doctor without anyone else in the room?				Adapted from the National Longitudinal Transition Study-2 (NLTS2), SEED TEEN, and SEED Follow-Up Study: "At his or her LAST preventive check-up, did the participant have a chance to speak with a doctor or other health care provider privately, without you or another adult in the room?"
3a-d. OVER THE LAST 2 WEEKS, how often have you been bothered by the following problems?			X	*Generalized Anxiety Disorder – 2* *Patient Health Questionnaire – 2*
3e. Have you seriously thought about committing suicide?			X	*National Comorbidity Survey*
3f. Have you ever made a plan for committing suicide?			X	*National Comorbidity Survey*

3g. Have you ever attempted suicide?			X	*National Comorbidity Survey*
4. Different people deal with stress in different ways. For each item below, we'd like to know how much you've been using the strategy to deal with stress. You only need to think about how much you use the strategy (not about how useful it is).				*Brief COPE Inventory*
5. These questions ask how you feel about different areas of your life. If you don't know which answer to give, choose the one that fits best. We ask that you think about your life in the past 2 weeks.			X	*World Health Organization Quality of Life – BREF*
6. What do you enjoy doing?				
7. What are your hopes and dreams for the future?				