

**INFORMATION ABOUT YOU**

Date completed	DD/MM/YYYY
Age	Date of birth: DD/MM/YYYY
Gender	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Rather not say <input type="checkbox"/> Other <input type="checkbox"/> _____
Age at diagnosis OR not formally diagnosed	Age when you received your autism diagnosis: ___ years OR The year you received your autism diagnosis: YYYY OR I think I have ASD but have not had an assessment for a diagnosis <input type="checkbox"/>
Country you live in	
Learning Disability	Do you have intellectual disability? Yes <input type="checkbox"/> No <input type="checkbox"/>