

Vaccine Conversation Starters for Autistic Individuals and Providers

For Autistic Individuals, Care Partners, Healthcare Providers, and Community Members

What Is This Tool For?

Help Autistic individuals communicate their needs for a comfortable vaccine experience. Providers can use this tool to tailor support.

1. Feelings About Vaccines (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I feel okay | <input type="checkbox"/> I've had bad experiences |
| <input type="checkbox"/> I feel nervous or scared | <input type="checkbox"/> I need more information |

Provider Tip: Use responses to address fears or share clear, factual resources.

2. Potential Challenges (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Waiting in line | <input type="checkbox"/> Unpredictability |
| <input type="checkbox"/> Loud or crowded spaces | <input type="checkbox"/> Talking to new people |
| <input type="checkbox"/> Bright lights | <input type="checkbox"/> Being touched |
| <input type="checkbox"/> Needles/pain | |

Provider Tip: Plan accommodations (ex., quiet spaces, fast-track scheduling).

3. Calming Strategies (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Noise-canceling headphones | <input type="checkbox"/> Step-by-step explanation |
| <input type="checkbox"/> Comfort item (like a stuffed animal or small toy) | <input type="checkbox"/> Communication Tools (AAC, typing) |
| <input type="checkbox"/> Trusted person present | <input type="checkbox"/> Breaks as needed |

Ask: "Which of these can we provide?"

4. Preferred Appointment Setup (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Quiet waiting room/car check-in | <input type="checkbox"/> No exam table paper |
| <input type="checkbox"/> Short or scheduled wait time | <input type="checkbox"/> Support person/animal allowed |
| <input type="checkbox"/> Dim lighting | <input type="checkbox"/> Clear step-by-step instructions |
| <input type="checkbox"/> Calming music | |

Provider Tip: Highlight available options upfront.

5. Communication Needs (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I speak verbally | <input type="checkbox"/> Need extra time to respond |
| <input type="checkbox"/> I use an AAC/tablet | <input type="checkbox"/> Avoid rapid questions |
| <input type="checkbox"/> I gesture/write/type | <input type="checkbox"/> Address me directly |

Provider Reminder: Always speak to the individual first; be patient.

6. Additional Notes (Write, draw, or share in your preferred way)

Example: "I need to see the needle first and count down before the shot."