

# 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.

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### 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.

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### 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?"

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### 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.

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### 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.

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### 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."