| Participant ID: |  |
|-----------------|--|
| Date:           |  |
| Start Time:     |  |
| End Time:       |  |
| Interviewer:    |  |

Interviewer: Hi! Thank you so much for letting us interview you! How are you doing today?

# Participant: [x]

**Interviewer:** [Great!/Relevant response.] Before I begin, I just want to tell you a bit about how this interview will go. I have a script with me that I will be reading, and this helps us ensure that these interviews are consistent. As you may recall from our consenting process, I am going to be audio and/or video<sup>\*</sup> recording our conversation and asking you about your perspective about your child's transition to adulthood in relation to his/her/their sensory sensitivities and interests. We'll be doing something called a "semi-structured interview" where I have a set of planned questions, but I will be following your lead based upon what you say and adapting my questions to follow our conversation. Do you have any questions before we begin?

\* Refer to consent. Participants will have consented to be audio and/or video recording.

# Participant: [x]

Interviewer: [answer questions] Ready?

# Participant: [x]

*Note to interviewer:* To draw more information out of the participant, ask:

- i. Can you tell me more about that?
- ii. How so?
- iii. Can you give me an example?

| Primary Research Questions    | Secondary Research Questions and Prompts/Probes                     |
|-------------------------------|---|
|                               | (Note: prompts/probes are in italics)                               |
| 1. Could you start off by     | i. Do these sensitivities cause or increase anxiety for your child? |
| telling me about your child's | a. How does your child manage these anxieties? Through              |
| sensory sensitivities and     | medications or targeted therapies?                                  |
| interests? Are there things   | ii. How have these sensitivities changed over time?                 |
| he/she really likes or really | a. Were they more or less severe when your child was younger?       |
| dislikes?                     | The same or different?  |
|                               | b. Are these changes related to independence your child has         |
|                               | gained over time? How so?   |
|                               | iii. Has the anxiety changed over time as well?                     |
|                               | a. Previous medication or therapies?                                |
|                               | b. In relation to their independence?                               |

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|  | <ul> <li>iv. How does your child cope with, manage, or handle these sensitivities and interests?</li> <li>a. Avoiding them? Learning to face them?</li> <li>b. Has your child received specific therapies or interventions for their sensory sensitivities?</li> <li>c. Have you helped them with this? How so?</li> <li>v. What goals or hopes do you have for your child in regards to their sensory sensitives and interests?</li> <li>a. Overcome them? Manage them better?</li> </ul>                    |
|--|---|
| 2. As your child has grown<br>up and aged, how has your<br>community reacted to<br>his/her/their sensory<br>sensitivities and interests? | <ul> <li>i. Was the community more accepting or accommodating when they were younger? <ul> <li>a. What about now?</li> </ul> </li> <li>ii. Which aspects of their community? Were different places or spaces more or less accommodating? <ul> <li>a. School or work? Community, religious groups, or family?</li> </ul> </li> <li>iii. Do you have worries (or hopes) for how their community will react in the future?</li> </ul>  |
| 3. In the "transition to<br>adulthood", where do you<br>see your child?  | <ul> <li>i. At what stage of independence are they?</li> <li>a. Wanting to live on their own?</li> <li>b. Have their own job? Want a job?</li> <li>c. Manage their own money? Their bills?</li> <li>d. Clean up after themselves? Care for themselves physically?</li> <li>e. Cook or shop for themselves?</li> <li>f. Manage their social life?</li> <li>ii. Do you think they will be able to achieve more independence in the future?</li> <li>a. How?</li> <li>b. What type?</li> <li>a. When?</li> </ul> |

|                               | iv. What would help them move into adulthood?                                |
|-------------------------------|--|
|                               | a. Particular services or interventions?                                     |
|                               |  |
| 4. Putting these two ideas    | i. Are these sensitivities and interests an obstacle or a vehicle to your    |
| together, sensory             | child's independence?  |
| sensitivities and             | ii. What do you anticipate as being challenging for your child as they       |
| transitioning to adulthood,   | gain (more) independence in regards to their sensitivities and               |
| how do these two aspects      | interests?   |
| intersect for your child?     | a. In what areas of their life?  |
|                               | b. Which sensitivities?  |
|                               | iii. What do you think would help your child?                                |
|                               | a. Particular services or interventions?                                     |
|                               | i. What type?  |
|                               | 1. OT? Environmental accommodations? Aids?                                   |
|                               | ii. A video game maybe?  |
|                               | b. Are there gaps in available services or interventions?                    |
|                               | i. Where are they?   |
|                               | ii. What are they?   |
|                               | iv. How do your child's sensitivities and interests impact your goals,       |
|                               | hopes, or expectations for your child as they navigate adulthood?            |
|                               |  |
| 5. Finally, as a caregiver of | i. How has this changed over time?   |
| child with ASD and sensory    | ii. What do you see happening in your child's future?                        |
| sensitivities, what does      | a. Finishing school?   |
| "transitioning to adulthood"  | b. Holding a job?  |
| mean to you?                  | c. Moving out?   |
|                               | d. Having a partner and/or a family?   |
|                               | iii. Did your child's sensory sensitivities or interests impact your current |
|                               | perspective?   |
|                               | a. How so?   |
|                               |  |

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Interviewer: Those are all my interview questions! Is there anything else you'd like to add?

### Participant: [x]

**Interviewer:** Excellent. Thank you so much for your time and your insight! I have one final question for you. Do you know other parents or caregivers who might be interested in participating in this study?

### Participant: [x]

**Interviewer: IF YES** Excellent! You're welcome to send them my contact information, or if you think they'd be comfortable with it, if you share their contact information, I can reach out to them.

#### Participant: [x]

| Name:         |  |
|---------------|--|
| Email:        |  |
| Phone Number: |  |
| Relation:     |  |
| Notes:        |  |
|               |  |
|               |  |

**Interviewer: IF NO** No worries! If you think of anyone later, you're welcome to send them our way or let me know who they are, and I can reach out myself.

### Participant: [x]

**Interviewer:** This has been tremendously helpful. In the next few days, expect a follow up thank you email from me and that will include a gift card as compensation for your time. Thank you again so much. Stay well!