

### Supplemental Material S1. Coronavirus impact questionnaire.

Full Name:

Date:

Is someone else helping you fill this out? [Y/N]

If yes, who?

How many people live in your home (including yourself)?

*Multiple choice:* 1, 2, 3, "4 or more", or "I live in a residential community"

*Each of the following questions has multiple choice responses: 0, 1, 2, 3, or "4 or more"*

How many people that live in your home are adults age 65 or above?

How many people that live in your home are children under age 5?

How many people that live in your home are children age 5-18?

People are changing their behavior in many ways because of the coronavirus. Which of the following things are you doing? Mark all that apply.

- Staying at home 100% of the time [Y/N]
- Going out for essentials only [Y/N]
- Limiting in-person time with friends/family who live outside of your home [Y/N]
- Staying 6 feet away from others when out and about [Y/N]
- Wearing a mask when out and about [Y/N]

Please add any comments you want to share about your behavior during the coronavirus pandemic.

Now, we want to know a little more about how your life has changed during the coronavirus pandemic.

**\*\* You can skip any questions that do not apply to you.\*\***

*Each of the following questions is rated on a 5-point scale from 1 (less time) to 5 (more time):*

Compared to before the coronavirus pandemic, are you spending less time, more time, or about the same amount of time...

- Having in-person conversations with FAMILY
- Having in-person conversations with FRIENDS
- Having in-person conversations with STRANGERS (for example, the grocery store clerk)
- Talking on the phone with FAMILY
- Talking on the phone with FRIENDS
- Talking on the phone with STRANGERS (for example, to order a pizza)
- Talking on a video chat with friends or family (for example, FaceTime or Skype)
- Going to in-person healthcare visits
- Having virtual healthcare visits over video
- Participating in healthy movement activities (for example, going for walks)
- Using technology (for example, tablet or e-reader)
- Watching television
- Reading
- Playing games
- Enjoying other hobbies

Please add any comments you want to share about these activities.

How do you feel about your overall QUALITY OF LIFE during the coronavirus pandemic?

*5-point rating scale:* 1 (a lot worse) to 5 (a lot better)

Please add any comments you want to share about how your quality of life has changed.

How do you feel about your FRIENDSHIPS during the coronavirus pandemic?

*5-point rating scale:* 1 (less satisfied) to 5 (more satisfied)

Please add any comments you want to share about how your friendships have changed.

Has your connection to other people changed during the coronavirus pandemic?

*5-point rating scale:* 1 (less connected) to 5 (more connected)

Please add any comments you want to share about these feelings of loneliness.

How do you feel about your OVERALL communication ability during the coronavirus pandemic?

*5-point rating scale:* 1 (my overall communication ability is worse) to 5 (my overall communication ability is better)

Please add any comments you want to share about how your communication has changed.

*Each of the following questions is rated on a 5-point scale from 1 (my \_\_\_\_\_ is worse) to 5 (my \_\_\_\_\_ is better)*

Have your TALKING skills changed during the coronavirus pandemic?

Have your LISTENING skills changed during the coronavirus pandemic?

Have your READING skills changed during the coronavirus pandemic?

Have your WRITING skills changed during the coronavirus pandemic?

Have your TECHNOLOGY skills changed during the coronavirus pandemic?

Please add any comments you want to share about how your communication skills have changed.

Do you have a primary communication partner or partners (for example, husband or wife, child, caregiver)? [Y/N]

If yes...

How has your COMMUNICATION with this person (or people) changed as a result of the extra time together?

*5-point rating scale:* 1 (it is EASIER to communicate) to 5 (it is HARDER to communicate)

Please describe the changes in your communication with this person (or people). How has it gotten easier or harder?

Are you currently participating in virtual programs through the Stroke Comeback Center? [Y/N]

If no, why not?

Do you have any feedback or suggestions about our virtual programs?

Are you currently participating in any other speech therapy programs? [Y/N]

If yes, please describe.

Is there anything else you would like to share?

**Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions or concerns. Thank you!**