

**Supplemental Material S1.** Survey: Experiencing the SARS COVID-19 Outbreak as a Person with a Laryngectomy.

[response options provided]

1. What year were you born?
2. Choose **one or more** races that you consider yourself to be.  
[White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other]
3. Are you Hispanic or Latino or Spanish origin?  
[Yes; No]
4. What is your gender?  
[Woman; Man; Non-binary; Prefer not to self-disclose; Prefer to self-describe]
5. What country do you live in?
6. In which state or province do you currently reside?
7. What year did you have your laryngectomy?
8. Radiation therapy: which option best describes the radiation treatment you received?  
[None; Before Laryngectomy; After Laryngectomy; Both Before and After Laryngectomy; Other]
9. Chemotherapy: which option best describes the chemotherapy treatment you received?  
[None; Before Laryngectomy; After Laryngectomy; Both Before and After Laryngectomy; Other]
10. Surgery details: **check all that apply**. If you are unsure of the surgery details you can check "Unsure".  
[Neck dissection; Pharyngectomy; Glossectomy; Esophagectomy; Tissue Flap or Graft; Unsure; Other details you would like to provide]
11. What is your **primary** method of communicating?  
[Electronic Artificial Larynx; Pneumatic Artificial Larynx; Esophageal Speech; Tracheoesophageal Speech; Augmentative or Alternative Communication (iPad, computer generate speech, writing, etc.); Other (such as mouthed speech, no speech method, etc.)]
12. What is your **secondary** method of communication?  
[None – I do not have a second type of communication; then as above for primary method]
13. For Tracheoesophageal speech (TE) users only
  - a. Who replaces your voice prosthesis when needed?  
[I replace my own; speech pathologist; physician; other]
  - b. How do you cover your stoma to use your tracheoesophageal (TE) speech?  
[hands-free valve; digital occlusion (thumb/finger); other]
  - c. On your own, have you changed any aspects of how you use your tracheoesophageal (TE) speech because of COVID-19? If Yes, please describe.  
[Yes; No]
14. For electrolarynx (EL) users only
  - a. Where do you hold your Electronic Artificial Larynx when speaking?  
[Neck; Cheek; Under the jaw; Oral adaptor inside my mouth; Other]
  - b. On your own, have you changed any aspects of how you use your electronic artificial larynx (EL) because of COVID-19? If Yes, please describe.  
[Yes; No]
15. On your own, have you changed any aspects of how you use your pneumatic artificial larynx (PAL) because of COVID-19? If Yes, please describe. (PAL users only)  
[Yes; No]

16. On your own, have you changed any aspects of how you use your esophageal speech (ES) because of COVID-19? If Yes, please describe. (ES users only)  
[Yes; No]
17. On your own, have you changed any aspects of how you use your augmentative communication method because of COVID-19? If Yes, please describe. (AAC users only)  
[Yes; No]
18. What type of covering do you typically wear over your stoma, if any? Check all that apply.  
[I do not cover my stoma; Foam, scarf, other cloth cover; Heat-moisture Exchanges (HME); Other]
  - a. How is your HME positioned in/on the stoma?  
[HME users only: Baseplate (adhered to neck); Laryngectomy tube or button (placed inside the stoma); I am not sure]
  - b. On your own, have you changed any aspects of your stoma covering because of COVID-19? If Yes, please describe. (Only those who cover stoma in some manner)  
[Yes; No]
  - c. On your own, have you changed any aspects of Heat-Moisture Exchanger (HME) use because of COVID-19? If Yes, please describe.
19. On average, how many appointments per year do you typically have with your ENT doctor?
20. Since March 1, 2020 how many ENT appointments have you had in the doctor's office?  
[None; One; Two or more]
  - a. Purpose of the ENT appointment(s) in the office? Check all that apply.  
[Those who had appointment since March 1, 2020 only: Routine care/follow-up; COVID-19 related; Other]
  - b. Since March 1, 2020 how many times have you had contact by your ENT's office by phone, text, video conference, email?  
[None; One; Two or more]
  - c. Purpose of the phone, text, video conference, or email with your ENT doctor's office? Check all that apply.  
[Those with contact since March 1, 2020 only: Routine care/follow-up; COVID-19 related; Other]
  - d. Since March 1, 2020 has your ENT doctor canceled or denied you an appointment in the office?  
[Yes -reason; No]
21. On average, how many appointments per year do you typically have with your speech pathologist?
22. Since March 1, 2020 how many speech pathology appointments have you had in the therapist's office?  
[None; One; Two or more]
  - a. Purpose of the speech pathology appointment(s) in the office? Check all that apply.  
[Those who had appointment since March 1, 2020 only: Routine care/follow-up; COVID-19 related; Other]
  - b. Since March 1, 2020 how many times have you had contact by your speech pathologist's office by phone, text, video conference, email?
  - c. Purpose of the phone, text, video conference, or email with your speech pathologist? Check all that apply.  
[Those with contact since March 1, 2020 only: Routine care/follow-up; COVID-19 related; Other]
  - d. Since March 1, 2020 has your speech pathologist canceled or denied you an appointment in the office?  
[Yes -reason; No]

23. For the ENT appointment in the office, what precautions were you asked to take because of COVID-19? Check all that apply.

[Those with appointment since March 1, 2020 only: None; COVID-19 test (nasal/stoma swab) before visit; COVID-19 screen (temperature, symptom questions, etc.); wear cover over stoma while in clinic; wear cover over nose/mouth while in clinic; maintain extra distance with people while in clinic; other]

24. During the ENT appointment in the office, did you notice any special precautions taken by the ENT doctor(s) or nurse(s) because of COVID-19? Check all that apply.

[Those with appointment since March 1, 2020 only: none; mask over nose/mouth; gloves; gown over white coat or clothing; face shield; goggles/protective glasses; head covering; respiratory; maintained extra distance when possible; HEPA air filtering in clinic/room; Other]

25. For the speech pathology appointment in the office, what precautions were you asked to take because of COVID-19? Check all that apply.

[Those with appointment since March 1, 2020 only: None; COVID-19 test (nasal/stoma swab) before visit; COVID-19 screen (temperature, symptom questions, etc.); wear cover over stoma while in clinic; wear cover over nose/mouth while in clinic; maintain extra distance with people while in clinic; other]

26. During the speech pathologist appointment in the office, did you notice any special precautions taken by the speech pathologist because of COVID-19? Check all that apply.

[Those with appointment since March 1, 2020 only: none; mask over nose/mouth; gloves; gown over white coat or clothing; face shield; goggles/protective glasses; head covering; respiratory; maintained extra distance when possible; HEPA air filtering in clinic/room; Other]

27. Because of COVID-19, have you delayed or canceled any appointments with your ENT doctor? If Yes, describe why.

[Yes; No]

28. Because of COVID-19, have you requested any appointments with your ENT doctor? If Yes, describe why.

[Yes; No]

29. Because of COVID-19, have you delayed or canceled any appointments with your speech pathologist? If Yes, describe why.

[Yes; No]

30. Because of COVID-19, have you requested any appointments with your speech pathologist? If Yes, describe why.

[Yes; No]

31. Because of COVID-19, have you delayed or canceled any appointments with any of your other doctors (primary care, specialists)? If Yes, describe why.

[Yes; No]

32. Because of COVID-19, have you requested any appointments with any of your other doctors (primary care, specialists)? If Yes, describe why.

[Yes; No]

33. Did you have your TE voice prosthesis changed during your in-office visit to the ENT or the speech pathologist?

[TE users only who had appointment since March 1, 2020: Yes; No]

- a. Who changed your TE voice prosthesis in the office?

[Speech pathologist; ENT doctor; Other]

- b. Did you notice any differences in the process or precautions taken when having your TE voice prosthesis changed in the office? If yes, please describe.

[Yes; No]

34. Did your speech pathologist or ENT advise you, in person or by other means, to make any changes about how you use your TE speech? If Yes, please describe.  
[TE users only: Yes; No]
35. Did your speech pathologist or ENT advise you, in person or by other means, to make any changes to the use or care of your electrolarynx because of COVID-19? If Yes, please describe.  
[EL users only: Yes; No]
36. Did your speech pathologist or ENT advise you, in person or by other means, to make any changes to the use or care of your pneumatic artificial larynx because of COVID-19? If Yes, please describe.  
[PAL users only: Yes; No]
37. Did your speech pathologist or ENT advise you, in person or by other means, to make any changes to your use of esophageal speech because of COVID-19? If Yes, please describe.  
[ES users only: Yes; No]
38. Did your speech pathologist or ENT advise you, in person or by other means, to make any changes to the use of your augmentative communication device because of COVID-19? If Yes, please describe.  
[AAC users only: Yes; No]
39. Have you been advised by your ENT or speech pathologist, in person or by other means, to change any aspects of your HME use because of COVID-19? If Yes, please describe.  
[Yes; No]
40. Have you been advised by your ENT or speech pathologist, in person or by other means, to change any aspects of covering your stoma because of COVID-19? If Yes, please describe.  
[Yes; No]
41. Have you been advised by your ENT or speech pathologist, in person or by other means, to take precautions about social distancing, wearing a mask, etc., that go beyond what is recommended for a person who does not have a laryngectomy? If Yes, please describe.  
[Yes; No]