

Supplemental Material S1. Demographic questionnaire.

Q1: Please provide your name.

Q2: Please provide your date of birth.

Q3: Please indicate your gender.

Q4: What is your ethnic background?

Q5: What is your current living arrangement?

Q6: What is the highest level of education you have completed?

Q7: What is your current employment type and status (full or part-time)?

- What was your employment type and status prior to the onset of your acquired medical condition?

Q8: Where do you live? (please indicate your current town/city and state of primary residence)

Q9: What is your primary medical condition or disability?

Q10: Please describe your primary communication disorder.

Q11: Do you currently receive any type of therapy?

Q12: What types of AAC methods do you use?

Q13: How much support do you require to use AAC? (emerging independence, minimal support, moderate support, maximum support)

Q14: How do you access your AAC system?

Q15: How many times have you participated in active recreation over the past 12 months?

Q16: Please list the types of active recreation that you participate in.

Q17: Do you participate in recreational activities with an organized program or independently?
If with a program, what is the name of the program.