**Supplementary Table 1a.**

Patient Survey

This survey was completed by:

\_\_\_ The person who completed the assessment (examinee)

\_\_\_ A parent/guardian of the examinee

\_\_\_ Another family member/caregiver of the examinee

Age of the Examinee

\_\_\_ 0-5 years \_\_\_ 6-11 \_\_\_ 12-17 \_\_\_ 18-30 \_\_\_ 31-50 \_\_\_ 51-70 . \_\_\_ 70+

Clinician's Name (Optional): \_\_\_\_\_\_\_\_\_

Approximate Duration of Appointment (in minutes): \_\_\_\_\_\_\_\_\_

My appointment included (check all that apply):

\_\_\_ An interview with the neuropsychologist

\_\_\_ Testing (e.g., of memory, attention, language, or other abilities

\_\_\_ Feedback on test results

For the following six questions, please select the answer that best represents how you felt about today’s evaluation:

1 2 3 4 5

Strongly disagree Strongly agree

1. Overall, I was satisfied with the virtual neuropsychology assessment.
2. There were no technical problems with conducting this virtual session.
3. There were no problems with communication during the virtual testing session.
4. I was not concerned about my privacy during virtual session.
5. I felt that the examiner understood me and responded promptly to my questions during the virtual session.
6. I would recommend virtual neuropsychology appointments to others.
7. Do you think an office assessment, as opposed to this virtual visit would (please check all that apply):

\_\_\_ Make it easier to express my concerns and symptoms to the clinician
\_\_\_ Allow better communication with the examiner

\_\_\_ Promote a better personal connection with the examiner

\_\_\_ Allow a more extensive evaluation

1. What did you like about virtual assessment: (please check all that apply)?

\_\_\_ Less anxious than I might be with an examiner in the room
\_\_\_ Reduced risk of infection due to one less visit at the hospital

\_\_\_ Easier to concentrate without examiner in the room

\_\_\_ Saved time traveling to a hospital for this type of visit

1. If you needed to see a doctor for this type of testing, how far would you be willing to drive/ride before choosing virtual assessment (please mark only one answer):

\_\_\_ Less than 1 hour
\_\_\_ 1-3 hours
\_\_\_ 3-6 hours
\_\_\_ I would drive/ride as far as it takes and spend the night, if needed

\_\_\_ I would prefer the virtual appointment

1. What could improve the virtual neuropsychology assessment experience? Please add any other comments or feedback here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplementary Table 1b.**

Clinician Survey

Age of Patient \_\_\_ Sex of Patient (M, F, Non-binary) Duration of total evaluation (minutes)

1. This evaluation used:

\_\_\_ Telephone only
\_\_\_ Video/Audio via computer
\_\_\_ Combination of telephone and video/audio session

1. This evaluation included (choose all that apply):

\_\_\_ Interview with patient
\_\_\_ Interview with family
\_\_\_ Screening test (e.g., a mental status screen)

\_\_\_ Formal neuropsychological testing

1. Did you use testing help in this session?

\_\_\_ Yes

\_\_\_ No

1. Did you break up the evaluation into more than one session?

\_\_\_ Yes

\_\_\_ No

1. What strategies were used to optimize the testing session (choose all that apply)?

\_\_\_ Brief instructions
\_\_\_ Frequent breaks
\_\_\_ Having another person in the room with patient

\_\_\_ None or N/A

1. Other strategies used to optimize the testing session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What were some challenges you had during the session (choose all that apply)?

\_\_\_ Slow or unreliable internet or phone connection

\_\_\_ Audio or visual problems with the technology

\_\_\_ Hearing or vision problems of the patient

\_\_\_ Interruptions

\_\_\_ Difficulty understanding instructions

\_\_\_ Patient self-regulation difficulties (ex., attention or behavior)
\_\_\_ None or N/A

1. Other challenges you had during the session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How did you handle these challenges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you feel that you were effectively able to achieve the goal of this evaluation (e.g., interview, screening, formal assessment)?

\_\_\_ Yes \_\_\_ No \_\_\_ Partially

1. Comments regarding your ability to achieve the goal of this evaluation:  \_\_\_\_\_\_\_\_\_\_\_\_

What would you do differently during the next session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_