

## Supplementary Information

### *Survey development:*

Previous surveys of SLT practices in progressive dysarthria (Collis et al, 2012), PPA in an Australian context (Taylor et al, 2009) and non-progressive aphasia (Beckley et al, 2016; Sirman et al, 2017) provided direction on development of survey sections and questions. This involved comparing questions across the three surveys and selecting questions that addressed the aims of this survey. These were then tailored to suit the respondents and the client group in question. Recent changes in the classification of PPA and its variants (Gorno-Tempini et al, 2011) are reflected in category fields for questions on diagnosis. Literature on SLT interventions for PPA (Cartherey-Goulart et al, 2013; Volkmer, 2013; Kindell et al, 2015) was consulted to guide category fields for questions related to assessment and intervention. Occupational and geographical domains were based on recognised socio-economic classifications (ONS, 2010) and statistical regions (ONS, 2009) within the UK. Questions were refined by the first author (a speech and language therapist) with expert advice from co-authors to ensure relevance and fill gaps, until a 37-item survey for initial piloting was agreed.

### *Pilot phase:*

A convenience sample of six practising speech and language therapists piloted the survey to assess usability. To maintain the largest possible sample for the main study, we invited

speech and language therapists who did not work with people with PPA in the UK, or see patients with PPA, but worked in Australia. Pilot respondents recorded the time taken to complete the survey and provided written feedback on the format, category fields and wording of questions. Additional questions were written by the first author to address gaps. Modifications in the light of this feedback included introduction of a number of 'other' categories and a 'back' button. After piloting, the number of questions in the final survey remained at 37.

The final survey comprised five sections: 1) Clinical background; 2) Number, type and source of patients; 3) Time spent on management of people with PPA; 4) Specific assessment and intervention approaches; 5) Outcome measures and planning for the future. There were closed questions (for speed of completion) and open questions to elicit additional information (Schaeffer et al, 2011). The complete survey is presented in Table 1 in the Appendix

#### *Main survey*

The survey was made available online using Opinio 7.3 software for 8 weeks from the 4<sup>th</sup> February to the 7<sup>th</sup> April 2016. The initial page of the online survey provided a statement making clear that by continuing, respondents were giving consent to participate in the survey and that their responses would be stored anonymously.

#### *Sample selection:*

In order to achieve a representative cohort of UK speech and language therapists, the Royal College of Speech and Language Therapists (RCSLT) were contacted to facilitate survey dissemination. A letter to the editor containing the survey link was published in the RCSLT practice magazine, 'The Bulletin', which is distributed to all 13,809 practising members. The survey link was also disseminated through an RCSLT electronic research newsletter, and was emailed to all relevant Clinical Excellence Networks associated with the RCSLT for onward dissemination to members. Email and social media was also used to disseminate the link through the first and fourth authors' clinical and social media networks, including via Twitter and a blog site. A reminder was sent via these routes two weeks prior to closing the survey.

Participant inclusion criteria comprised speech and language therapists a) practising in the UK (practising speech and language therapists are employed in the UK National Health System from a band 5; entry level, to band 8; highly specialist, manager or consultant) and b) with experience of working with people with PPA. Respondents completed questions in section 1 of the survey on qualification, years of employment, and experience of working with people with PPA. If they did not meet the inclusion criteria at this point they were instructed not to continue the survey. Respondents who met the study criteria continued to section 2 of the survey.