

PARTICIPANT: _____ **RATER:** _____ **DATE:** _____

✓ if Correct

1. Is research the SAME as your personal medical treatment? (NO)

Trial 1 _____ **Trial 2** _____

Note:

2. Will I ask you to do things, such as try to name pictures? (YES)

Trial 1 _____ **Trial 2** _____

Note:

3. Could this study take as long as 10 visits? (YES)

Trial 1 _____ **Trial 2** _____

Note:

4. Will you have to continue working with me even if you are tired? (NO)

Trial 1 _____ **Trial 2** _____

Note:

5. Can you be certain that your aphasia will get better because you participate in this study? (NO)

Trial 1 _____ **Trial 2** _____

Note:

6. If you change your mind about being in the study, will you have to give up your doctors here? (NO)

Trial 1 _____ **Trial 2** _____

7. Will we collect some of your personal information? (YES)

Trial 1 _____ **Trial 2** _____

Note:

8. Can we share your information with anyone who wants it? (NO)

Trial 1 _____ **Trial 2** _____

Note:

9. Do we keep your information private? (YES)

Trial 1 _____ **Trial 2** _____

Note:

10. If you change your mind about being in the study, will we still use the information we collected about you for the research? (YES)

Trial 1 _____ **Trial 2** _____

Note: