**Verbal Consent Script:**

Hello [*potential participant name*], I am [*investigator name*] from Indiana University Bloomington and the NEURAL Research Lab. This study is being run by Dr. Brielle Stark, who is reachable by phone (812-855-7760) or email (bcstark@iu.edu).

We are investigating how things involving language, like storytelling, are similar across testing sessions. This will help us tailor assessment and treatment of disorders such as aphasia, which is a language disorder acquired after a brain injury to the left hemisphere. During this study, we will audio-video record your responses to some cognitive and language assessments. Should you choose to participate, there are two sessions included in this research, which will take place roughly 10 +/- 3 days apart. Each session should last roughly an hour to an hour-and-a-half. Your confidentiality will be protected to the best of our ability by using a HIPAA-compliant virtual meeting system (Zoom Health) and saving all videos and protected health information to our HIPAA-compliant cloud server system (Box Health) and database (REDCap). In enrolling in this study, your data will be assigned to a unique, anonymous identifier number, rather than your name. Your participation is voluntary and you may choose to stop participating at any time.

If you have any questions, please feel free to ask now. [*participant asks questions*]

Now we will go through the verbal consent procedure.

We would like to make this recording accessible on a research database, called AphasiaBank, which is password-protected and only used by qualified researchers. Do you consent to have your data included on this database? [*participant answers YES or NO*]

We would like to enroll you in this study. Do you consent to participate int his study? [*participant answers YES or NO]*