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Title of Project: AphasiaBank Interview

Principal Investigator: Daniel Kempler, Ph.D.

CONSENT FORM

(To be read and explained to participants and caretaker/guardian)

RESEARCH OBJECTIVES:

You have been invited to participate in an interview that will collect data for the systematic study of language and communication by people with aphasia. The data collected will be made available to researchers for analysis.

PROCEDURE:

If you decide to participate, you will be asked to describe pictures and discuss events in your life. You will also complete a standardized aphasia test. Your interview will be audio and videotaped for later transcription analysis.

RISKS:

There are no known risks or discomforts associated with this study.

BENEFITS:

From this study, we hope to improve our understanding of aphasia and we will be able to provide you with information regarding your strengths and weaknesses in communication.

CONFIDENTIALITY:

During the interview, your name will not be used and so it will not be recorded. However, the videotape of the interview will be available for further study by researchers through password-protected web access. The data will not be linked to your medical records.

VOLUNTARY PARTICIPATION:

Your participation in this research study is strictly voluntary, and you can terminate your participation at any time. Your decision to participate or to decline participation will not affect your access to services at the Robbins Speech-Language and Hearing Center. If you have any questions about this study contact Daniel Kempler, Ph.D. at (617) 824-8302.

As a participant, I have been satisfactorily informed about the purposes and procedures of this research and I agree to become a participant in the study.

I understand that I am free to end my participation at any time and the investigator will

gladly answer any questions that arise as the study progresses.

If you have any questions or issues about how this research was conducted, please contact Dean Richard Zauft of Emerson College at Richard_Zauft@emerson.edu or Human_Subjects@emerson.edu.

Your signature, or the signature of your guardian, indicates that you and/or your guardian have agreed to your participation in this study. You and/or your guardian will receive and copy of this form to keep for your own records.

Signature of participant

Date

Signature of caretaker or guardian

Relationship to participant

Signature of investigator

Date