

Supplemental Material S2. Best Practice Guidelines checklist from Stark et al. (2022).

| Category | Item Number | Reporting Standard | Included (Mark ‘x’) | Page Number(s) |
|---|-------------|--|---------------------|----------------|
| Information about the discourse sample | 1 | Define “discourse” | x | 1-2 |
| | 2 | Define “utterance” (or other unit, e.g., turn unit) | x | 4 |
| | 3* | Number of words in sample | | |
| Information about how the discourse sample was collected | 4 | Describe elicitation task | x | 3-4 |
| | 5 | Exact instructions used to elicit discourse sample | x | 3-4 |
| Information about the persons included in the collection of the discourse sample | 6 | Demographic information about primary speaker [the person whose discourse is of interest] | x | 3 |
| | 7 | Information about the primary speaker's neurological condition | x | 3 |
| Methodology and rater agreement | 8 | Inter-rater reliability for each analyzed variable/measure | x | 4-5 |
| | 9 | Reliability statistics used | x | 4-5 |
| | 10 | Details on the number (percentage) of files used for determining reliability/agreement | x | 4-5 |
| | 11* | Reliability (point to point agreement) for transcription (orthographic or other) | | |
| Analysis | 12 | Type of transcription (e.g., orthographic, phonetic) | x | 4 |
| | 13 | Detailed description of any perceptual rating scale used, including providing a copy of the scale if not previously published | n/a | n/a |
| | 14 | Details of the annotation system, formal (e.g., CHAT) or informal (created by the clinician/examiner) | x | 4 |
| | 15 | Whether transcription was verbatim (e.g., including all behaviors such as fillers) or whether information was excluded in the transcription process. | x | 4 |
| | 16 | Completeness of transcription (full, partial, transcribing errors only) | x | 4 |
| | 17* | Details of any software used for transcribing/annotating/generating data (e.g., SALT, CLAN, ELAN) | x | 4 |
| | 18* | Who/what transcribed the sample (by a human, by a machine/software, hybrid human and software) | x | 4 |
| | 19 | What is being used as primary outcome measure(s) (e.g., linguistic information, speech information, etc.) | n/a | n/a |
| Information about the individual discourse variables/behaviors reported | 20* | Theoretical rationale for selecting variable/behavior/outcome measure(s) | | |
| | 21 | Operational definition for each variable/behavior/outcome(s) | x | 4 |

Note. Asterisks denote RECOMMENDED standards. All others are NECESSARY. Per a priori set criteria, NECESSARY reporting items are those noted as “highly” or “extremely” necessary by > 70% participants in Round 3 of the expert consensus process. RECOMMENDED items are those recommendations noted as “highly” or “extremely” necessary by > 65% in Round 2, but which did not reach “highly” or “extremely” necessary by > 70% participants in Round 3, or those rated “highly” or “extremely” necessary by > 70% in Round 1 that were not carried forward to subsequent rounds of the consensus process. n/a = not applicable.

Stark, B. C., Bryant, L., Themistocleous, H., den Ouden, D.-B., & Roberts, A. (2022). Best practice guidelines for reporting spoken discourse in aphasia and neurogenic communication disorders. *Aphasiology*. Advance online publication. <https://doi.org/10.1080/02687038.2022.2039372>. Visit <https://osf.io/y48n9/> for updates on the project.

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