

Supplemental Material S5. Screening questionnaire items.

1. Do you have a clinical diagnosis of any language or speech disorders? This includes all disorders affecting language, speech, comprehension, or reading e.g. dyslexia, aphasia, stuttering, or stammering.
 - ☐ Yes
 - ☐ No
2. Do you have a clinical diagnosis of any neurological or psychiatric conditions?
 - ☐ Yes
 - ☐ No
3. Are you a native speaker of British English?
 - ☐ Yes
 - ☐ No
4. How many languages do you speak fluently (equivalent to native level)?
 - ☐ 1
 - ☐ 2-4
 - ☐ 5+
5. Do you have any hearing disorders or hearing loss, including tinnitus? Please check all boxes that apply.
 - ☐ Lifelong hearing loss
 - ☐ Age-related hearing loss
 - ☐ Tinnitus
 - ☐ Other hearing disorder, please detail _____
 - ☐ No hearing disorders
6. Do you have normal, or corrected to normal vision?
 - ☐ Yes
 - ☐ No
7. What is your handedness? (i.e., which hand do you use for most manual tasks)
 - ☐ Left-handed
 - ☐ Right-handed
 - ☐ Ambidextrous