

Supplemental Material S1. Best Practice Guidelines for Reporting Spoken Discourse in Aphasia and Neurogenic Communication Disorders.

The following discourse reporting standards were developed through an expert consensus process conducted as part of a FOQUS Aphasia (www.foqusaphasia.com) initiative. These standards reflect expert opinion at the time they were developed. The authors intend for this to be a dynamic set of recommendations that will shift as the needs and practices within clinical and research communities change. For details regarding the development of these recommendations, or when using these recommendations, cite: Stark, BC & Bryant, L; Themistocleous, H; den Ouden, D-B; Roberts, A (2021). Best Practice Guidelines for Reporting Spoken Discourse in Aphasia and Neurogenic Communication Disorders. DOI: 10.1080/02687038.2022.2039372. Visit <https://osf.io/y48n9/> for updates on the project.

Category	Item Number	Reporting Standard	Included (Mark 'x')	Section
Information about the discourse sample	1	Define "discourse"	X	Intro
	2	Define "utterance" (or other unit, e.g., turn unit)	X	Methods
	3*	Number of words in sample	X	Table 2
Information about how the discourse sample was collected	4	Describe elicitation task	X	Methods
	5	Exact instructions used to elicit discourse sample	X	Methods
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	Methods
	7	Information about the primary speaker's neurological condition	X	Methods
Methodology and rater agreement	8	Inter-rater reliability for each analyzed variable/measure	X	Results
	9	Reliability statistics used	X	Methods
	10	Details on the number (percentage) of files used for determining reliability/agreement	X	Methods
	11*	Reliability (point to point agreement) for transcription (orthographic or other)	X	Results
Analysis	12	Type of transcription (e.g., orthographic, phonetic)	X	Methods
	13	Detailed description of any perceptual rating scale used, including providing a copy of the scale if not previously published	X	Intro - Suppl. material S2
	14	Details of the annotation system, formal (e.g., CHAT) or informal (created by the clinician/examiner)	X	Methods
	15	Whether transcription was verbatim (e.g., including all behaviors such as fillers) or whether information was excluded in the transcription process.	X	Methods
	16	Completeness of transcription (full, partial, transcribing errors only)	X	Methods
	17*	Details of any software used for transcribing/annotating/generating data (e.g., SALT, CLAN, ELAN)	X	Methods
	18*	Who/what transcribed the sample (by a human, by a machine/software, hybrid human and software)	X	Methods

Information about the individual discourse variables/behaviors reported	19	What is being used as primary outcome measure(s) (e.g., linguistic information, speech information, etc.)	X	Methods
	20*	Theoretical rationale for selecting variable/behavior/outcome measure(s)	X	Intro
	21	Operational definition for each variable/behavior/outcome(s)	X	Intro

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.