Supplemental Material S1. Copy of survey.

[This version reflects content but not exact format, as survey was online. Skip logic is italicized in brackets.]

Survey of Receptiveness to Transcranial Direct Current Stimulation in People with Post-stroke Aphasia

The purpose of this survey is to find out how people with aphasia (after stroke) feel about transcranial direct current stimulation (tDCS). tDCS may change how the brain works and help aphasia.

You must be at least 18 years old to complete this survey. You also must have aphasia because you had a stroke.

This survey could take 10 to 15 minutes, or longer if reading is hard. It is okay to have help, but the answers should be yours.

This survey is anonymous. We will not know who you are or the answers you give.

This survey is voluntary. You do not have to take it. If you start, you do not have to finish it.

Benefits: There are no direct benefits to you from this survey. It will help the researchers understand more about how people with aphasia feel about tDCS. This may help other people with aphasia in the future.

Risks: There are no significant risks from taking this survey. Some of the questions may seem nosy or personal.

If you have any questions, you can contact Susan Duncan at duncan1@lsu.edu or (225) 578 - 8838. You can also contact Neila Donovan at ndonovan@lsu.edu or (225) 578 - 3938.

You can also contact the Institutional Review Board at LSU if you have additional concerns at irb@lsu.edu or (225) 578 - 8692.

Clicking the "—>" arrow at the bottom right of the page means that you have read or been read the information in this consent. It also means that you agree to participate in this study and that your questions have been answered. We will give you a copy of this statement if you contact us.

Please click the "—>" arrow to start the survey.
1. What is your sex?
   □ Female  □ Male  □ Other / Prefer not to say

2. What is your age?
   □ 18 - 29  □ 30 - 39  □ 40 - 49  □ 50 - 59
   □ 60 - 69  □ 70 - 79  □ 80+  □ Prefer not to say

3. What is your race? (Can choose more than one.)
   □ Asian  □ American Indian or Alaska Native
   □ Black or African American  □ Hispanic or Latino
   □ White  □ Native Hawaiian or Pacific Islander
   □ Other  □ Prefer not to say

4. How much school did you attend? (Choose highest level.)
   □ I did not finish high school  □ High school graduate (diploma / GED)
   □ Technical school / certificate program  □ Some college (no degree)
   □ Associate degree in college (2-year)  □ Bachelor's degree in college (4-year)
   □ Master's degree (MA, MS, MBA, MFA, etc.)  □ Doctoral degree (PhD, etc.)
   □ Professional degree (JD, MD)  □ Prefer not to say

5. Do you work?
   □ Yes  □ No  □ Prefer not to say

5A. What is or was your job? (Can include more than one answer, or the job you had for longest.)
   [Displayed only if Question 5 response is not “Prefer not to say”]
   ________________________________________________________________

6. What is your annual household income? (Before taxes. It is okay to guess.)
   □ $0 - 9,999  □ $10,000 - 24,999
   □ $25,000 - 49,999  □ $50,000 - 74,999
   □ $75,000 - 99,999  □ $100,000 - 149,999
   □ 150,000 +  □ Prefer not to say

7. Where do you live?
   ▼ Alabama ... I do not live in the United States
Q7A. In which country do you live? [Displayed only if Question 7 response is “I do not live in the United States”]

▼ Afghanistan … Prefer not to say

8. Have you had more than one stroke?

☐ Yes ☐ No ☐ I don’t know

9. How long ago was the stroke that caused aphasia?

☐ less than one month ☐ 1 - 3 months
☐ 3 - 6 months ☐ 6 months - 1 year
☐ 1 - 2 years ☐ 2 - 5 years
☐ 5 - 10 years ☐ 10 years +

10. How much speech therapy have you had?

☐ Less than 2 weeks ☐ 2 weeks - 1 month
☐ 1 - 3 months ☐ 3 - 6 months
☐ 6 months - 1 year ☐ 1 - 2 years
☐ 2 - 5 years ☐ 5 years +
☐ I have never had speech therapy

10A. Are you in speech therapy now? [Displayed only if Question 10 response is not “I have never had speech therapy”]

☐ Yes ☐ No

10B. Is speech therapy helping you? [Displayed only if Question 10A response is “Yes”]

☐ Yes ☐ No ☐ Maybe

10C. Would you like to be in speech therapy? [Displayed only if Question 10 response is “I have never had speech therapy” or Question 10A response is “No”]

☐ Yes ☐ No ☐ Maybe
11. Do you have any of the following medical conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of seizures or epilepsy</td>
<td></td>
<td></td>
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<tr>
<td>History of migraines</td>
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<td>History of severe head injury</td>
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<td>Skin problem like eczema or psoriasis</td>
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<td>Pacemaker or other electrical implant</td>
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<tr>
<td>Metal in the skull (besides tooth fillings)</td>
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<tr>
<td>Psychiatric or neurological diagnosis (besides stroke)</td>
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</tbody>
</table>

12. The following questions describe a variety of situations in which you might need to speak to others. For each question, please mark how much your condition interferes with your participation in that situation. By “condition” we mean ALL issues that may affect how you communicate in these situations including speech conditions, any other health conditions, or features of the environment. If your speech varies, think about an AVERAGE day for your speech – not your best or your worst days.

<table>
<thead>
<tr>
<th>Does your condition interfere with...</th>
<th>Not at all</th>
<th>A little</th>
<th>Quite a bit</th>
<th>Very much</th>
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</thead>
<tbody>
<tr>
<td>a. ...talking with people you know?</td>
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<tr>
<td>b. ...communicating when you need to say something quickly?</td>
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<td>c. ...talking with people you do NOT know?</td>
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<tr>
<td>d. ...communicating when you are out in your community (e.g. errands; appointments)?</td>
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<tr>
<td>e. ...asking questions in a conversation?</td>
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<td>f. ...communicating in a small group of people?</td>
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<tr>
<td>g. ...having a long conversation with someone you know about a book, movie, show or sports event?</td>
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<tr>
<td>h. ...giving someone DETAILED information?</td>
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<tr>
<td>i. ...getting your turn in a fast-moving conversation?</td>
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<tr>
<td>j. ...trying to persuade a friend or family member to see a different point of view?</td>
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</table>


Transcranial direct current stimulation (tDCS) is a form of brain stimulation. It uses weak electrical currents, like a battery. Two or more electrodes are placed on the head to change brain activity.

tDCS has been used over 30,000 times on more than 1,000 people. No one has ever had a serious injury. tDCS has been used on people who have had strokes and have aphasia.

tDCS is experimental. It has helped some people with aphasia. But we do not really know how well it works.

This is a picture of tDCS electrodes on a head model. There are straps to hold the electrodes in place:

References:

13. Have you heard of transcranial direct current stimulation (tDCS) before?
   □ Yes  □ No  □ I’m not sure

13A. Have you ever had tDCS? [Displayed only if Question 13 response is “Yes”]
   □ Yes  □ No  □ I’m not sure

14. Would you consider having tDCS if it could help your aphasia?
   □ Yes  □ No  □ Maybe

14A. Would you be willing to do speech therapy exercises during tDCS? [Displayed only if Question 14 response is not “No”]
   □ Yes  □ No  □ Sometimes

14B. Would you come to a clinic or office regularly for tDCS? [Displayed only if Question 14 response is not “No”]
   □ Yes  □ No  □ Maybe
14C. How often would you be willing to come to the clinic or office for tDCS? [Displayed only if Question 14 response is not “No” and Question 14B response is not “No”]

- □ Less than once a week
- □ Twice a week
- □ Five + times a week
- □ Once a week
- □ Three or four times a week

14D. How long should the clinic or office sessions be? [Displayed only if Question 14 response is not “No” and Question 14B response is not “No”]

- □ 15 - 30 minutes
- □ 45 - 60 minutes
- □ 90 + minutes
- □ 30 - 45 minutes
- □ 60 - 90 minutes

14E. How long would you be willing to come to the clinic or office for tDCS? [Displayed only if Question 14 response is not “No” and Question 14B response is not “No”]

- □ 1 - 2 weeks
- □ 1 - 3 months
- □ 6 months - 1 year
- □ 1 + years
- □ 3 - 4 weeks
- □ 3 - 6 months
- □ Forever, if it helped

14F. Would you or your family be willing to administer tDCS at HOME after training? [Displayed only if Question 14 response is not “No”]

- □ Yes
- □ No
- □ Maybe

14G. How often would you be willing to get tDCS at HOME? [Displayed only if Question 14 response is not “No” and Question 14F response is not “No”]

- □ Less than once a week
- □ Twice a week
- □ Five + times a week
- □ Once a week
- □ Three or four times a week

14H. How long should the HOME sessions be? [Displayed only if Question 14 response is not “No” and Question 14F response is not “No”]

- □ 15 - 30 minutes
- □ 45 - 60 minutes
- □ 90 + minutes
- □ 30 - 45 minutes
- □ 60 - 90 minutes
14I. How long would you be willing to use tDCS at HOME? [Displayed only if Question 14 response is not “No” and Question 14F response is not “No”]

- □ 1 - 2 weeks
- □ 1 - 3 months
- □ 6 months - 1 year
- □ Forever, if it helped
- □ 3 - 4 weeks
- □ 3 - 6 months
- □ 1 + years

14J. What TEMPORARY risks would you be willing to take to help your aphasia? [Displayed only if Question 14 response is not “No”]

<table>
<thead>
<tr>
<th>Risk</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
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</thead>
<tbody>
<tr>
<td>Scalp tingling / Itching</td>
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<tr>
<td>Scalp redness / Irritation</td>
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<tr>
<td>Headache</td>
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<td>Sleepiness / Fatigue</td>
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<tr>
<td>Nausea</td>
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<tr>
<td>Mood change / Difficulty concentrating</td>
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<tr>
<td>Burning sensation</td>
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<tr>
<td>Scalp burn</td>
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<tr>
<td>Electric shock</td>
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<tr>
<td>Seizure</td>
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</tbody>
</table>

15. Did you have assistance completing this survey?

- □ Yes
- □ No

15A. Who helped you? [Displayed only if Question 15 response is “Yes”]

- □ Spouse or partner
- □ Parent (father or mother)
- □ Child (son or daughter)
- □ Friend
- □ Speech therapist
- □ Other (please specify relationship to you)