Additional file 3. Informed consent form

Title of the trial: "Effectiveness of Action Observation Therapy based on Virtual Reality technology in motor rehabilitation of paretic stroke patients: a randomized clinical trial".

Promoter: University Hospital of Parma, Italy

Sponsor: Italian Ministry of Health (MOH) (Project Code: SG-2019-12370506)

Principal Investigator Name and contact information_____

Patient name _____

Date of birth and Place_____/___/_____

☐ I received from Dr._____ exhaustive explanations about the research question, as reported in the informative form;

☐ I understood the aims, procedures, expected benefits, risks and alternative treatments to the proposed intervention;

☐ I had the opportunity to ask any question to the principal investigator and I received satisfactory answers;

☐ I had enough time to reflect on the received information concerning the study;

☐ I had sufficient time to discuss with others (family, friends etc.) about my participation in the study;

☐ I am aware that the trial protocol and all the forms used have been approved by the Ethics Committee;

☐ I know that the research can be interrupted at any time, by decision of the principal investigator;

☐ I am aware of the importance (and of my responsibility) of informing my family doctor about the trial in which I agree to participate;

☐ I have been informed that the results of the study will be communicated to the scientific community, protecting my identity in agreement with the privacy policy;

☐ I know that any choice expressed in this consent form can be revoked at any time and without any justification;

☐ I received a copy of this consent form;

☐ I agree to participate in the trial;

☐ YES ☐ NOT I wish to be informed of any unexpected findings relating to my own health, which may accidentally result from this study

_____	___/___/_____	_____	_____
Patient's name	Date		Signature
_____	___/___/_____	_____	_____
Legal representant's Name	Date		Signature