PLEASE NOTE: The current *reading* level of this form is estimated to be at the 6.0 grade level based on the Flesch-Kincaid index. **Its contents will be read to potential participants** who will be given a copy of the form with which to read along. After each section of the consent form has been read, one or more questions will be asked to ensure that the person has understood the information provided. If this is not the case, the person obtaining informed consent will re-read that section of the form, further simplifying the language used. These questions will not be included in versions of the consent form participants are asked to sign.

**Assessing the Likeability and Acceptability of Nao - A Socially Assistive Robot (SAR)**

**CONSENT FORM**

**PHASE 1: Robotics Likeability Study**

We would like you to help us with a study. We want to show you a robot. This robot can communicate with you. It can also do many different activities with you.

Before you say “YES,” we want to make sure you know what we will ask you to do. We also want to make sure you know your rights.

The leader of this study is Dr. Renáta Tichá. She works at the University of Minnesota’s Institute on Community Integration.

**What is the study about?**

In this study, we are going to introduce you to a robot called Nao. We will bring the robot to you and some other people your age in a public place such as a library or a community center or where you live for 2 meetings with you. Each meeting will last 30 minutes. In these meetings, the robot will ask you: your name, about your hobbies, and other things you enjoy doing. If you want, you can talk with the robot. You can ask it to do things for you or with you. You can ask the robot to sing, dance, or sit. You can walk with it, do exercises with it, and more. We need the help of people your age to help us better understand what they think about working with a robot.

After you meet with the robot 2-times we will ask one of the close people to you (a family member or friend, any person whom you prefer) to fill a questionnaire about how they think about using a robot. In addition, at a later time, we will ask you and 4-5 other people who worked with the robot to talk together about how they felt about it. We will ask questions about whether people might like to have such a robot in future, how they felt about its size, color, and appearance.

We are looking for people to be part of this study who:

* Are at least 70 years old
* Do not have a serious disability
* Are able to make an informed choice about whether they want to be in the study
* Can be interviewed and answer questions about the robot
* Are willing to take part in two 30-minute meetings with the Nao robot; and
* Agree to take part in a 60-90 minute group interview (focus group). During these interviews we will ask you to talk about the robot and the time you spent with it.

**What we will ask you to do.**

* ***Before you are introduced to the Nao robot, we will ask you questions about yourself and your education using a short survey.*** These will include information about your race, age, education, and background.
* ***We will ask you to take part in two meetings with the robot.*** During these meetings, you will first be taught what the robot can do. Then you can interact with it. You can it ask it questions and it will talk with you. You can also ask it to do things like walk, do exercises, dance, etc.
* ***After you have had 2 sessions with the robot, we will ask you to introduce us a close person to you so that person take part in a survey. The survey will ask them questions about robots and whether they think robot can be useful for poeple***.
* ***The final thing we will ask you to do is take part in a group interview about the robot This group will include 3 to 4 other people.*** These are sometimes called focus groups. During this group meeting people will be asked to talk with others about what they liked and did not like about the robot and the things they did with it.

For some groups, we may record interaction sessions or discussion so we can listen to what you shared again. If we are going to do this, we will tell you beforehand and get your permission.

**How this could help you or hurt you**

We do not think anything bad will happen to people in this study. However, a few things could happen.

* You may not remember some information needed to answer the questions we ask you.You might feel embarrassed by this.
* We will ask some questions that you think are personal. These will be questions about what you liked and did not like about the time you spent with the robot. You may not want to answer some of these questions. If we ask a question that you do not want to answer, you can say so. All you need to say is “pass.” It is not a problem.
* Helping us with this study will take about 3 hours. You could use this time to do other things. You might find these more enjoyable than helping us.

**You can also stop being in the study at any time. All you need to do is tell us. This is okay. If you do not want to tell us that you want to stop being in the study, you can tell a family member or some other person that you trust (such as a friend).**

**Volunteering to be in the Study**

People who decide to take part in this study will not be paid. If you decide to be a part of the project, it will be on a volunteer basis. That means you will take part on your own time and will not be paid for it. You are free to say “no” and not take part. If you say “yes,” you can also withdraw or stop at any time. If you say do not want to take part in the project, or later decide to stop taking part, it will not have any impact on your relationship with your the University of Minnesota, or the people who provide you with supports in any way.

**Your Privacy**

We will try to keep everything we talk about private. That means:

* We will not tell anyone who isn’t a researcher for the project the things you tell us.
* We will not share your name in any reports we write.
* If we record the interview, the recording will be kept private.
* We will keep your information in a locked office on a computer with a secure password.
* If the University of Minnesota which funds this study or the University Humans Subjects Review office asks to see records for the study, we may need to share that information with them.

There is one time when we cannot keep things private.  If we think someone is not getting enough food or their medicine, we need to tell someone.  If we think someone is being bullied, threatened, or hurt, we need to tell. If something like this happens, we will first talk with you in private. We will make sure we understand. If you are not safe, we will tell a person who can help.

**You can say NO**

* You do not have to say YES and be in the study.
* You do not need to answer any question you don’t want to answer.
* You can say “NO” right now.  No one will be upset. We will not ask you again.
* You can decide to be in the study now but change your mind later.  Just tell us and we will leave you alone.
* No one at the University or the people who provide you with support will mind if you say “NO” and decide not to be in the study.
* The people that provide you with support will still help you, whether you say “YES” or “NO.”

**If you have questions**

If you have any questions, please ask them now.  Do this before you sign this form

Should you have questions later, you are encouraged to contact the study coordinator, Maryam Mahmoudi at **612-461-6649** (phone) or by e-mail at: [mmahmoud@umn.edu](mailto:mmahmoud@umn.edu). The leader of this study is Renáta Tichá.  She works at the University of Minnesota. You can also contact her at:

Renáta Tichá, PhD

Phone: 612-624-5776

E-mail: [tich0018@umn.edu](mailto:tich0018@umn.edu)

Mailing address:

Masonic Inst For The Developing Brain

Institute On Community Integration

2025 E River Pkwy; Room 1-304

Minneapolis, MN 55414-3604

If you have any questions that you would like to ask someone who is not working on the study, you can call the **Research Subjects’ Advocate Line** **at (612) 625-1650.**

***\*You will be given a copy of this information for your records.***

**Statement of Consent**

I have read or heard the above information. I understand what I will be asked to do.  I have asked questions and have been given answers to all my questions. I want to take part in the study.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**WITNESS STATEMENT:**

The participant was unable to read or sign this consent form because of the following reason:

The participant is illiterate

The participant is visually impaired

The participant is physically unable to sign the consent form. Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other *(please specify)*:

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My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the participant, and that consent was freely given by the participant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness to Consent Process Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Person Witnessing Consent Process

|  |  |  |
| --- | --- | --- |
| **Assessment of Capacity to Consent\*** | | |
| **Instructions:** Read aloud each section of the consent form and ask the italicized question(s) below each section. A question can be rephrased if the person has trouble understanding it. Then, rate the demonstrated level of understanding in the person’s response using the following scale**:**  **0-demonstrates no or little understanding;**  **1-demonstrates partial understanding;**  **2-demonstrates clear/complete understanding**.  If the person’s initial response does not demonstrate complete understanding (rating of 0 or 1), the person obtaining consent can review the section again and re-ask the question. Then, circle the final demonstrated level of understanding below the question before moving on to the next section of the consent form. Record scores for each question below and use the total score to determine if the person can consent to being in the study. | | |
| **Question** | | **Score** |
| *1. Can you tell me in your own words what the study is about?* | | 0  1  2 |
| *2. What makes you want to consider taking part in this study?* | | 0  1  2 |
| *3. Can you tell me how long your sessions with the Nao robot and interview will be?* | | 0  1  2 |
| *4. Can you tell me some of the areas we will talk with you about?* | | 0  1  2 |
| *5. Can you tell me some potential risks or negative things that might happen to you if you take part in this study?* | | 0  1  2 |
| *6. Can you tell me what you can say if you do not want to answer a question?* | | 0  1  2 |
| *7. If you take part in this study, will you be paid for participation?* | | 0  1  2 |
| *8. Can you tell me some ways we will try to keep what we talk about private?* | | 0  1  2 |
| *9. If you say “yes” you want to be a part of the study, but change your mind, what can you do?* | | 0  1  2 |
| *10. If you do not want to take part in this study or decide to stop, what will happen?* | | 0  1  2 |
| Score of **[15]** or higher is needed for inclusion in study. | **Total Score:** |  |

\*Adapted from University of Minnesota IRB Form HRP-227 (UBACC Interview Form)