Informed Consent Form

Date:
Name of Participant:
Study Name: iMoody Low Fidelity Prototype
Researchers: Lilith Smith (lilith.smith@mail.mcgill.ca), Babette Smith (babette.smith@mail.mcgill.ca), Sam Cleland (edward.cleland@mail.mcgill.ca)
What You Will Be Asked to Do in the Research : You will be testing paper prototypes of the iMoody application. A member of our team will talk you through all the steps needed to complete the evaluation. It is estimated to take approximately 20 minutes.
Risks and Discomforts : We do not foresee any risks or discomfort from your participation in the research. You have the right to not answer any questions.
Benefits of the Research to You : Through participation in this study, you may become more aware of the effects social media has on your mood, and what options there are to improve it.
Voluntary Participation : Your participation in the study is completely voluntary and you may choose to stop participating at any time.
Withdrawal from the Study : You can stop participating in the study at any time, for any reason. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.
Confidentiality : Unless you choose otherwise, all information you supply during this study will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report of the research. Data collected through the test will include notes, videos and photographs. Your data will be safely stored and only team members of iMoody will have access to this information. Confidentiality will be provided to the fullest extent possible by law.
Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact any of the team members whose contact details are listed above.
Legal Rights and Signatures:
I,, consent to participate in the iMoody Low Fidelity Prototype Study conducted by (<i>insert investigator name here</i>). I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.
Signature Date
Signature Principal Investigator Date
I,,agree to allow video and/or photographs in which I appear to be used in reports with the understanding that I will not be identified by name. I am aware that I may withdraw this consent at any time without penalty.
Signature Date Participant