



CONSENT FORM for research participants

Sensible User Testing

I have read and understood the Information Sheet you have given me about the user testing and have been informed of the following points:

1. The aim of the study is to **collect user feedback on the Sensible application and its usability.** ☐
2. The testing procedure will involve **three parts, with a total time less than 30 minutes. I will be required as part of this to use a mobile phone, walk slowly and briskly around a room and answer a survey.** ☐
3. Possible adverse effects or risks related to this study may include **sore/tired/dry eyes from using the mobile device or falls from moving around the room.** ☐
4. My involvement in this study may be terminated if any of the following circumstances develop: **if I am no longer able to provide consent to participate or if I am deemed unable to participate due to poor vision or an inability to walk unassisted.** ☐
5. Should I develop a problem which I suspect may have resulted from my involvement in this project, I am aware that I may contact **the research team (contact details are provided on the information sheet).** ☐
6. Should I have any problems or queries about the way in which the study was conducted, and I do not feel comfortable contacting the research staff, I am aware that I may contact Prof Hanna Suominen for whom the sensible app is being developed. ☐
7. I can refuse to take part in this testing or withdraw from it at any time without repercussions. ☐
8. I understand that while the results of the user testing will be made accessible, my involvement and my identity will not be revealed. ☐

After considering all these points, I accept the invitation to participate in this study.

Name: (please print) _____ **Date:** _____

Signature: (participant) _____

Investigator: (please print) _____ **Date:** _____

Signature: (investigator) _____