

Consent form

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

Principal Investigator:

TITLE OF RESEARCH:

Quantum Minds

Date: 07/06/19

Email: your_email@au.dk

PRINCIPAL INVESTIGATOR and CONTACT EMAIL:

Pinja Haikka, pinja@phys.au.dk

Page: 1/2

PURPOSE OF THE RESEARCH:

The Quantum Minds study investigates factors affecting human problem-solving abilities, when a complex problem is presented to a person in the form of a game.

STUDY PROCEDURE:

The study consists of a pre-game study, gameplay and a post-game study.
Your total expected time commitment for this study is approximately 30 mins

BENEFIT AND RISK:

There are no health risks associated to this study.
Your participation is entirely voluntary. You can decide to withdraw from the study at any time, without the need to provide justification.

CONFIDENTIALITY

We analyse all data in anonymized form. The data will be used only for research purposes by members within Aarhus University and members at affiliated institutions. The results of this study will be published anonymized, in aggregate form, and without any reference to specific individuals, and the anonymized data may be published in a scientific data repository.

COMPENSATION/ PAY

You can earn a compensation of up to 100 kr. Note, that to obtaining the full compensation depends on answering a set of comprehension questions during this study correctly, else you will only receive a show-up fee of 40 kr.

SIGNATURE

I understand the information that was presented and that:

- A. My participation is voluntary, and I may withdraw my consent and discontinue participation in the project at any time. My refusal to participate will not result in any penalty. (Insert text)
- B. By signing this agreement, I do not waive any legal rights or release Aarhus University, its agents, or you from liability for negligence. (Insert text)

I hereby give my consent to be the subject of your research.

Date:

Name of participant:

Signature of participant: