

Consent Form for Participation in a Research Study  
University of Massachusetts Amherst

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**Researcher(s):** Ali Sarvghad Batn Moghaddam, PhD, Researcher Assistant Professor  
Narges Mahyar, PhD., Assistant Professor

**Study Title:** **Investigating Cognitive and Perceptual Biases in Information**  
**Visualiaiotn**

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**1. WHAT IS THIS FORM?**

“This form is called a Consent Form. It will give you information about the study so you can make an informed decision about participation in this research.

**2. WHO IS ELIGIBLE TO PARTICIPATE?**

Any MTurk worker.

**3. WHAT ARE SOME OF THE IMPORTANT ASPECTS OF THIS RESEARCH STUDY THAT I SHOULD BE AWARE OF?**

The study is comprised of 50 HITs. Each HIT will take around 20-30 seconds. Participation in this study will take approximately 30 minutes.

**4. WHY ARE WE DOING THIS RESEARCH STUDY?**

This study will enable us to learn more about impact of perceptual and cognitive biases on using visualizations by people. In particular, we aim to understand how these biases may affect decision-making using data visualization techniques. For instance, can people correctly estimate the risk of a medical procedure when it is communicated in a visual form?

**5. WHAT WILL I BE ASKED TO DO AND HOW MUCH TIME WILL IT TAKE?**

If you agree to take part in this study, you will be asked to do 50 HITs. For each HIT you will compares two side-by-side simple visualizations and answer a question about them. Performing these HITs does not require advanced knowledge of visualization or statistics.

**6. WILL BEING IN THIS RESEARCH STUDY HELP ME IN ANY WAY?**

You may not directly benefit from this research; however, we hope that your participation in the study may help us to better understand the impact of cognitive and perceptual biases on the use of visualizations by people.

**7. WHAT ARE MY RISKS OF BEING IN THIS RESEARCH STUDY?**

We believe there are minimal risks associated with this research study; however, a risk of breach of confidentiality always exists and we have taken the steps to minimize this risk as outlined in section 9 below.

**8. HOW WILL MY PERSONAL INFORMATION BE PROTECTED?**

Your privacy and confidentiality are important to us. The following procedures will be used to protect the confidentiality of your study records. In this study, we record your answers to the tasks, and audio and video record your session. We do not collect any personal identifiers such as name, DOB, address, and so on. The researchers will keep all study records in a secure location on a secure password-protected computer in the

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College of information and Computer Science. Only the members of the research staff will have access to the passwords. The collected data and audiotapes will be destroyed 6 years after the close of the study. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations.

**9. WILL I BE GIVEN ANY MONEY OR OTHER COMPENSATION FOR BEING IN THIS RESEARCH STUDY?**

You will be compensated according to your contract with Amazon MTurk.

**10. WHO CAN I TALK TO IF I HAVE QUESTIONS?**

We will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the researcher(s), Ali Sarvghad ([asarv@cs.umass.edu](mailto:asarv@cs.umass.edu)) or Narges Mahyar ([nmahyar@cs.umass.edu](mailto:nmahyar@cs.umass.edu)).

**11. WHAT HAPPENS IF I SAY YES, BUT I CHANGE MY MIND LATER?**

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate. However, you will not be compensated for incomplete participation.

**12. WHAT IF I AM INJURED?**

The University of Massachusetts does not have a program for compensating subjects for injury or complications related to human subjects research, but the study personnel will assist you in getting treatment.

**13. SUBJECT STATEMENT OF VOLUNTARY CONSENT**

When signing this form I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language which I use. I have had the opportunity to ask questions and have received satisfactory answers. I have been informed that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Print Name:

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

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

\_\_\_\_\_  
Signature of Person  
Obtaining Consent

\_\_\_\_\_  
Print Name:

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

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