**Informed Consent Form**

**College of Health & Social Sciences**

**San Francisco State University**

**1600 Holloway Avenue**

**San Francisco, CA 94132**

**Title of Research**: Developing an Upper Extremity Kinematics Database of Activities of Daily Living

**Name of principal Investigator/Primary Researcher:** Mia Huang

**Name of Committee members**: Dr. Bagesteiro

Dr. Hughes

Dr. Hamel

1. **Purpose and Background**

Under the supervision of Dr. Bagesteiro, Professor of Kinesiology at San Francisco State University, Mia Huang, a graduate student in research of Kinesiology is conducting research on young adults’ upper limb kinematics during daily activities. The purpose of this interview is to collect an open-access database for exploration of unprocessed data in robotics.

**B. Procedures**

If I agree for to participate in this research study, the following will occur:

1. I will answer an online survey about my demographics, handedness, and related medical history.
2. I will be asked to sit with my feet flat on the floor while the chair is adjusted until my knees are at 90 degrees. I will lift my hands on the side of my body with my elbows at 90 degrees when the table is adjusted.
3. I will be marked with 17 individual reflective markers and 8 clusters on my sternum, shoulders, elbows, and wrists. I will place my hands comfortably on the table with my wrists supported, and the positions of the index fingers will be the starting positions for this experiment.
4. I will perform 4 tasks of activities of daily living with both hands, including reaching forward, reaching across, drinking, back. The task order will be randomly assigned, and I will perform each movement on the researcher’s voice command.
5. There will be no consequences if I choose to not participate.

## C. Risks

Risks will include the possible loss of privacy, possible discomfort at answering some questions and inconvenience.

Confidentiality: The information gathered from this study will be kept as confidential as possible. My real name will not be used in the report and all files, transcripts and data will be stored in a locked cabinet in my, the researcher’s home, and no one except the researcher will have access to them. My name will not be used, and any identifying personal information will be avoided.

**D. Direct Benefits**

There are no guaranteed benefits to me.

# E. Alternatives

I am free to choose not to participate in this research study.

**F. Costs**

There will be no costs to me as a result of taking part in this research study.

**H. Questions**

I have spoken with Mia Huang about this study and have had my questions answered. If I have any further questions about the study, I can contact Mia Huang through email mhuang5@mail.sfsu.edu.

**I. Consent**

I have been given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty. My decision whether or not to participate in this research study will have no influence on my present or future status at San Francisco State University.

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

Participant

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

Researcher