

**Title of Research: Nutritional Awareness Through Assistive Technology**

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

**What is the purpose of the study?**

This research is being undertaken to identify the possibility of providing nutritional macros with the use of machine learning to assist the user in healthier eating.

**Why have I been chosen?**

You have been chosen because you fall into a required demographic that will aid to the usability results of the study.

**Do I have to take part?**

You have the right to withdraw at any time from this research study interview. If you decide to take part, you will be given this information sheet to keep and be asked to sign a corresponding consent form.

**What will happen to me if I take part?**

The process of this study will highlight 2 Interviews and an Observation session of you using the provided prototype, with full anonymity, however, the data from these sessions will be used in the dissertation.

**What are the possible disadvantages and risks of taking part?**

There are no disadvantages or risks foreseen in taking part in the study.

**What are the possible benefits of taking part?**

By taking part you will be contributing to the development of a Nutritional Application and your opinion will be able to provide valuable feedback on its impact and/or what would need to be improved for the prototype to provide help to the user.

**What if something goes wrong?**

If you wish to complain or have any concerns about any aspect of the way in which you have been approached or treated during the course of this study, please contact [natal.grima.d57215@mcast.edu.mt](mailto:natal.grima.d57215@mcast.edu.mt)

**Will my details be kept confidential?**

All information which is collected during the research will be kept strictly confidential and will not be publicly shared. Participants should note that data collected from this project may be retained and published in an anonymized form. By agreeing to participate in this project, you are consenting to the retention and publication of data.

**What will happen to the results of the research study?**

The results will be written up into a dissertation for my final project of my BSc (Hons) Software Development.

**Who is organizing the research?**

The research is conducted in partial fulfillment of the requirements of BSc (Hons) Software Development.

**Who may I contact for further information?**

If you would like more information about the research before you decide please contact: [natal.grima.d57215@mcast.edu.mt](mailto:natal.grima.d57215@mcast.edu.mt)

*Thank you for your interest in this research...*

Title of Research: Nutritional Awareness Through Assistive Technology

Name of Researcher: Natal Grima

Please initial box

1. I confirm that I have read and understand the Information Letter for the above study and have had the opportunity to ask questions. ☐
2. I understand that my/my charge's participation is voluntary and that I/my charge am/are free to withdraw at any time without giving any reason. ☐

\_\_\_\_\_  
Name of Participant/  
Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*1 for participant; 1 for researcher*