



**UNIVERSITÄT
SIEGEN**



**Ubiquitous
Computing**

Participant Consent Form

Study Title: Data collection and analysis for a smartwatch-driven motivational sensing system

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Introduction:

You are being invited to participate in a research study that aims to collect sensor data related to your use of stairs and lifts. Before you decide whether to participate, it is important that you understand why the research is being conducted and what your participation will involve. Please take your time to read the following information carefully. Feel free to ask any questions if you need further clarification.

Procedure and purpose of the Study:

The purpose of this study is to collect accelerometer data and air pressure data from participants while they use stairs and lifts. This data will be utilized to develop algorithms for distinguishing between stairs and lift usage.

Participant Information:

As a participant in this study, we will collect basic information such as age and BMI, profession etc. This information is essential for analyzing the collected sensor data in relation to different participant characteristics.

Data Collection and Storage:

During the study, you will be asked to wear sensors while using stairs or lifts. The collected data will include accelerometer and air pressure readings, as well as basic participant information (Age and BMI). You will also be video recorded while doing the experiment. All sensor data will be stored in CSV (Comma-Separated Values) files for later analysis. Each participant will be assigned a unique identifier number, and the data will be stored anonymously. Your personal identity will not be linked to the collected sensor data.

Duration and Risks:

The study will take approximately 30 minutes to complete. There are no risks associated with participation. Your only discomfort may be experienced due to the physical activity of using stairs.

Voluntary Participation:

Participation in this study is voluntary. You are under no obligation to participate, and your decision will not affect your relationship with the researchers or any associated institutions. If you decide to participate, you may withdraw at any time without consequence.

Payment for Research-Related Injury:

In the unlikely event that you experience an injury directly related to your participation in this research study, please be aware that no compensation will be provided for such injuries.

Confidentiality:

Information obtained about you for this study will be kept confidential to the extent allowed by law. Research information that identifies you may be shared with the Universität Siegen Ubiquitous Computing and others who are responsible for ensuring compliance with laws and regulations related to research. For this study, the team has filled out the “Fast-track ethics applications” presented by the Ethics Committee of the University of Siegen and has been approved. The information from this research may be published for scientific purposes; however, your identity will not be given out and the picture of you experimenting will contain no personally identifiable information. The anonymized data collected during this study will be shared with other investigators for future research. No identifiable information will ever be shared.

Contact Information:

If you have any questions or concerns about the study, please feel free to contact us at:

hrishikesh.karande@student.uni-siegen.de or iman.haghibin@student.uni-siegen.de

You may also talk to Ethics Committee of the University of Siegen at +49(0)271/740-3037 or write an email to kvl@eti.uni-siegen.de if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

Signatures

By signing below, you acknowledge that you have read and understood the information provided in this consent form and voluntarily agree to participate in the study.

Signature of subject ----- Date -----

Name of subject -----

Signature of person obtaining consent----- Date -----

Name of person obtaining consent -----

Participant Information Form

Full Name:

Profession:

Age:

Height:

Weight:

I am left/right handed

I will wear the watch on my left/right hand.

Signature:

Participants number: