



HURON RESEARCH SUITE

Date: Monday, October 21, 2019 1:29:01 PM

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STUDY00001075

View: SF: Basic Study Information

## Basic Study Information

### 1. \* Title of study:

Sharing Smart Home Devices: From the perspective of AirBnB Host

### 2. \* Short title:

Smart home AirBnB

### 3. \* Brief description:

- What smart home devices are AirBNB hosts currently using on their properties and for what purpose?

- What are the benefits and concerns AirBNB hosts have?

- What unique needs do AirBNB hosts have for managing and sharing access control to their smart home devices with AirBNB guests?

Primary Objective: A better understanding of the status quo of smart home device use in AirBnB.

Method: Pre Screening Survey via the web (5 minutes) then a follow-up interview via phone/skype/google voice (20 minutes). Then the interview is transcribed and analyzed by two researcher using manual coding.

### 4. \* What kind of study is this?

Single-site study

### 5. \* Will an external IRB act as the IRB of record for this study?

☐ Yes ☒ No


6. \* Local principal investigator:

Rajib Dey

7. \* Does the local principal investigator have a financial interest related to this research?

☐ Yes ☒ No

8. \* Attach the protocol:

Document		Category	Date Modified	Document History
View		IRB	10/21/2019	<a href="#">History</a>
	255_AirBnB(1)	Protocol		

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View: SF: Study Funding Sources (not integrated with Grants)

# Study Funding Sources

1. Identify each organization supplying funding for the study:

Funding Source	Sponsor's Funding ID	Grants Office ID	Attachments
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There are no items to display

**STUDY00001075**

View: 9.0 UCF - SF: Local Study Team Members

## Local Study Team Members

### 1. Identify each additional person involved in the design, conduct, or reporting of the research:

Name	Roles	Financial Interest	Involved in Consent	Access to Data	E-mail	Phone
Sayma Sultana	Co-Investigator	no	yes	yes	sayma@knights.ucf.edu	
Pamela Wisniewski	Co-Investigator Faculty Advisor	no	yes	yes	Pamela.Wisniewski@ucf.edu	407-823-3189

### 2. External team member information:

Name	Description
There are no items to display	

**STUDY00001075**

View: SF: Study Scope

## Study Scope

1. \* Does the study specify the use of an approved drug or biologic, use an unapproved drug or biologic, or use a food or dietary supplement to diagnose, cure, treat, or mitigate a disease or condition?

☐ Yes ☒ No

2. \* Does the study evaluate the safety or effectiveness of a device or use a humanitarian use device (HUD)?

☐ Yes ☒ No

# Local Research Locations

**1. Identify research locations where research activities will be conducted or overseen by the local investigator:**

Location	Contact	Phone	Email
BARBARA YING CENTER - CMMS (CMMS)			
HARRIS CORPORATION			
ENGINEERING CENTER (HEC)			

# Local Site Documents


## 1. Consent forms: (include an HHS-approved sample consent document, if applicable)

	Document	Category	Date Modified	Document History
View	 <a href="#">Consent_form_254(1)</a>	Consent Form	10/21/2019	<a href="#">History</a>

## 2. Recruitment materials: (add all material to be seen or heard by subjects, including ads)

	Document	Category	Date Modified	Document History
View	 <a href="#">Recruitment E-mail(1)</a>	Recruitment Materials	10/21/2019	<a href="#">History</a>

## 3. Other attachments:

	Document	Category	Date Modified	Document History
View	 <a href="#">Interview(1)</a>	Interview / Focus Questions	10/21/2019	<a href="#">History</a>
View	 <a href="#">Survey(1)</a>	Survey / Questionnaire	10/21/2019	<a href="#">History</a>

### Suggested attachments:


- Completed checklist of meeting Department of Energy requirements, if applicable
- Other site-related documents not attached on previous forms

## Additional Information

1. \* Please select all applicable descriptions for the Principal Investigator listed on this study:

Graduate Student

2. \* Please attach a copy of the Faculty Advisor Review document:

Document	Category	Date Modified	Document History
<a href="#">View</a>  <a href="#">Form_251(1)</a>	Faculty Research Approval	10/21/2019	<a href="#">History</a>

3. \* Is any of this research taking place online?

☒ Yes

☐ No

4. Does this research include any of the following:

Name

Seniors (65+)

5. \* Is this research study affiliated with the Department of Navy (DON)?

☐ Yes

☒ No

6. \* Does this research study include access to medical records to collect protected health information (PHI)?

☐ Yes

☒ No

7. \* Will this research be conducted internationally?

☐ Yes

☒ No