

Website Usability Study

Northeastern University, Department

Name of Investigator(s): Wenxin Qi, Eduardo Puerta

Title of Project: ReFill: The Hydration Station

Informed Consent to Participate in a Research Study

We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep.

Key Information

- Your consent is being sought for participation in a research project and your participation is voluntary.
- The purpose of the research is to evaluate the usability of a website
- The anticipated amount of time that your participation will take will be 10-20 minutes
- The procedures that you will be asked to complete will be to navigate a website and answer a series of question while being recorded
- We foresee no risks in this study
- There are no benefits for the participant

Why am I being asked to take part in this research study?

You are being asked to participate in this study because of your connection to the examiners.

Why is this research study being done?

The purpose of this research is to find flaws in the website that is considered.

What will I be asked to do?

If you decide to take part in this study, we will ask you to navigate a website and perform a series of tasks . We will record you. At the end we will ask you some general questions about the experience.

Where will this take place and how much of my time will it take?

This survey will take approximately 20-30 minutes to complete.

Will there be any risk or discomfort to me?

There are only minimal risks associated with this research.

Will I benefit by being in this research?

There will be no direct benefit to you for taking part in this research.

Who will see the information about me?

Your part in this study will be confidential. Only the researchers on this study and the principal investigator (class instructor) will see the information about you. No reports or publications will use information that can identify you in any way or any individual as being of this project.

If I do not want to take part in the study, what choices do I have?

You do not have to participate and can withdraw your consent at any time without consequences.

What will happen if I suffer any harm from this research?

No accommodations will be made for harm related to this research.

Can I stop my participation in this study?

Your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may quit at any time. If you do not participate or if you decide to quit, you will not lose any rights, benefits, or services that you would otherwise have.

Who can I contact if I have questions or problems?

If you have any questions about this study, please feel free to contact Wenxin Qi, or Eduardo Puerta. You can also contact John Alexis Guerra Gomez, the Principal Investigator.

Who can I contact about my rights as a participant?

If you have any questions about your rights in this research, you may contact the Human Subject Research Protection, Mail Stop: 560-177, 360 Huntington Avenue, Northeastern University, Boston, MA 02115. Tel: 773-396-2327, Email: IRBReview@northeastern.edu You may call anonymously if you wish.

Will I be paid for my participation?

Participants will not be compensated for their participation.

Will it cost me anything to participate?

We expect no additional cost with this study.

Is there anything else I need to know?

You must be at least 18 years of age to participate in this study.

This study has been reviewed and approved by the Northeastern University Institutional Review Board.

I agree to *[have my child]* take part in this research.

Signature of person [parent] agreeing to take part

Date

Printed name of person above

Signature of person who explained the study to the participant above and obtained consent

Date

Printed name of person above

☐

I agree to be contacted for follow up or for future research studies

Contact Information (email or phone)