

RESEARCH PARTICIPANT INFORMED CONSENT FORM

Please read this document carefully before you decide to participate in this research study. **Your participation is voluntary, and you can decline to participate, or withdraw consent at any time, with no consequences.**

Study Title:

StyleShuffle : Enhancing Online Personalized Outfit Experience through Recommendations

Person(s) conducting the research:

Principal Investigator (PI):

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Purpose of the research study:

The purpose of this study is to evaluate and enhance a personalized outfit recommendation system intended to improve your online experience by aligning with individual style preferences and improving outfit selection efficiency.

What you will be asked to do in the study:

The study involves using StyleShuffle.com to complete short (5 minute) sessions over two weeks. In these sessions, you'll:

- **Provide information on your style preferences:** Answer a brief questionnaire about your preferred clothing styles, colors, and typical occasions you dress for.
- **Select outfits from recommendations:** StyleShuffle.com will suggest outfits based on your preferences. You'll choose the ones you like, pick outfits for specific occasions, and select individual items you find appealing.
- **Offer feedback on recommendations:** Rate the accuracy of the suggestions and explain why you liked or disliked specific recommendations. You can also suggest ways to improve the recommendation system.
- **Complete a review questionnaire:** At the end of the study, you'll answer a short questionnaire about your overall experience with StyleShuffle.com.

Time required:

Each session will last no longer than 5 minutes, with sessions scheduled twice a week. The total commitment will be approximately 10 minutes over two weeks.

Risks and benefits:

There are minimal risks involved in participating in this study, similar to everyday internet use. While there are no direct benefits to participating, your feedback will help improve the quality and effectiveness of the fashion recommendation system.

Confidentiality:

Your participation in this study will remain confidential. Data will be de-identified and securely stored. We take your privacy seriously. All information you provide, including usernames and dates of birth, will be kept confidential.

- Usernames and dates of birth will be separated from your account activity and used in a way that cannot identify you.
- Passwords are secured using industry-standard practices to prevent unauthorized access.

May the researcher(s) benefit from the research?

The findings from this study will help improve the StyleShuffle.com recommendation system, which could ultimately benefit the researchers' careers. The findings from the research could be used in future researches .

Withdrawal from the study:

You are free to withdraw your consent and to stop participating at any time without consequence. Information collected up to the point of withdrawal may still be used in study analyses unless you request its removal.

If you are injured while you are participating in this study, the cost of the diagnosis and/or treatment may be covered by the University of Florida or the study sponsor or billed to you or your insurer just like other medical cost, depending on a number of factors, such as if the injury was the result of the study intervention, or the way in which the study was conducted. The University of Florida and the study sponsor do not normally provide any other form of compensation for injury. The principal investigator and others involved in the study may be University of Florida employees. As employees of the University, they are protected under state law, which limits financial recovery for negligence.

If you wish to discuss the information above or any discomforts you may experience, please ask questions now or contact one of the research team members listed at the top of this form.

If you have any questions regarding your rights as a research subject, please contact the Institutional Review Board (IRB02) office (University of Florida; PO Box 100173; Gainesville, FL 32610; (352) 273-9600 or irb@ufl.edu.)

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant Name

Participant Signature

____03/02/2024____
Date

Name of Person obtaining informed consent

Signature of Person obtaining informed consent

____03/02/2024____
Date

