

1 Consent form - English

Title of the study

Psychological Observers: Observing Psychological Reactions from Measurements of Physiological Signals

Information about the study

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask if something is unclear or if you need more information.

By participating in this study, you will be contributing health data that later will be analyzed and processed. The types of health data being collected is listed below.

- Galvanic skin response
- Pulse measurements: Heart-rate, Blood volume pulse and RR-interval
- Skin temperature
- Movement through an accelerometer

You will also be asked about your age, gender and current feeling of well-being. You have the right to not answer any of these questions.

The research is primarily conducted by the Technische Universität Berlin (TUB) in cooperation with Norwegian University of Science and Technology (NTNU). The data collection process will partly take place in Norway following the same protocol as at TUB. The collected data will be shared across the universities for further joint research.

All collected data will be anonymized according to guidelines for data protection (<https://www.datenschutz.org/forschung/>) to comply with the law of treatment of personal information. The collected data CANNOT be traced back to the individual participant. You will also receive a randomized label and you can contact the group at any time to have the data stored under your label deleted.

Please be aware that an important part of this experiment is recalling memories, which may lead to triggering unpleasant emotions. We will therefore ask you to reconsider your participation if you have any conditions like PTSD (post-traumatic stress disorder) or are in a state that makes you sensitive to these kinds of emotions.

If you experience any psychological distress caused by this experiment, do not hesitate to contact a psychologist. Please find the help you need by contacting a clinical psychologist or by using the following help-line.

CLINICAL PSYCHOLOGIST:
Dipl.-Psych. Katherina Eva Philipp
Schaperstr. 35
10719 Berlin
0176-22157432

HELP LINE:
<https://www.berliner-krisendienst.de/en/>
0303 390 63-10

Declaration of consent

for participation in the research study:

Psychological Observers

Observing Psychological Reactions from Measurements of Physiological Signals

- I have been informed of the study. I have read the written information. I have had the opportunity to ask questions about the study. I have been able to think about my participation in the study, which is completely voluntary. I have the right to withdraw my consent and leave the study at any time without having to give a reason.
- I am aware and agree that my personal data as specified in the written information, may be used for the study.
- I am aware and agree that my anonymized data can be used for further scientific research both in Germany and abroad.
- I have received a randomized label: _____
I am aware that I can contact the group at any time to have the data stored under the label deleted.
- I am aware that the experiment may cause emotional and mental distress.
- I have read the above information and I agree to participate in the study.

Printed Name

Signature

Location

Date