

Informed Consent & Participant Wellbeing Form

Study Title: Usability Evaluation of a Speech-Based Depression Screening App Prototype

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1. Purpose of the Study

You are invited to participate in a research study that evaluates a prototype web application designed to analyze speech patterns to support mental-health awareness, specifically indicators related to depression. The goal is to understand user experience, comfort, privacy concerns, and perceptions of the app in both controlled and natural settings. Your participation will help improve the design, privacy features, and communication style of mental-health technologies.

This project is for partial fulfillment of the requirements for the course "Human-Computer Interaction," which is instructed by Professor Yogesh Meena.

2. What Your Participation Involves

You will be asked to:

Controlled/Lab Session

- Use the app prototype for approximately 10-20 minutes.
- Provide short speech recordings in response to prompts in the app (e.g., describing your day or thoughts).
- Answer a post-use questionnaire and a short interview.

Total Time Commitment: ~30-45 minutes maximum

3. What Data We Collect

If you participate, the following data may be collected:

- Audio recordings of your voice as you respond to prompt
- Derived speech features (e.g., speech rate, pauses, intensity) extracted by the app that you can delete when you are done using it
- Survey responses (your ratings and comments)
- App usage data (e.g., time spent, number of interactions)
- Optional demographic information (age, language preference, etc.)

No clinical diagnosis will be made, and the app does not evaluate you for depression for medical purposes. All analyses are for research only.

4. How Your Data Will Be Protected

- Your data will be de-identified using a participant ID number. Your name or any other identification measure will not be used anywhere.
- Audio recordings will be accessible only to the research team and will be discarded after this project is completed.
- Derived speech features may be retained after deleting audio recordings, depending on your preference.
- You can request deletion of your data at any time before data analysis begins.

5. Potential Risks

- You may experience mild discomfort when speaking about your feelings. However, you will be alone in the room while talking to the app, so this should be none to mild.

There are no physical risks associated with this study. If you feel distressed at any point, you may pause or stop the session.

6. Potential Benefits

While you may not receive direct personal benefits, you may:

- Gain insight into how mental-health technologies work
- Contribute to the development of safer and more supportive mental-health tools

The findings may help create apps that better protect user privacy and support emotional well-being.

7. Voluntary Participation

Your participation is completely voluntary.

You may withdraw at any time without penalty.

You may refuse to answer any question or stop using the app at any moment.

8. Confidentiality and Data Sharing

Your identity will never be attached to your responses in publications, presentations, or reports.

De-identified, non-audio data (such as anonymized usage statistics or aggregated questionnaire responses) may be shared for academic purposes. Audio files will never be publicly released.

9. Questions or Concerns

If you have questions about the study, you may contact any of the researchers:

anukriti.bhargava@iitgn.ac.in, bhavik.patel@iitgn.ac.in, hitesh.kumar@iitgn.ac.in, pranav.patil@iitgn.ac.in

10. Consent Statement

By selecting “I agree,” you acknowledge that:

1. You have read and understood the information above.
2. You are at least 18 years old.
3. You understand that participation is voluntary and you may withdraw at any time.

4. You consent to the collection and analysis of your speech, survey responses, and app interaction data as described.
5. You acknowledge that this app is a research prototype and not a clinical diagnostic tool.

Consent Options (check one):

- ☐ I agree to participate in this study.
- ☐ I do NOT agree to participate.

Participant Name: _____

Date: _____

Signature: _____