CS 770 Class Project

Research Participant Information and Consent Form

Title of the Study: Kinesiological control of teleoperated robot manipulators Principal Investigators: Chris Bodden, Danny Rakita, Alper Sarikaya

DESCRIPTION OF THE RESEARCH

You are invited to participate in a research study about how control methods affect performance and perception.

You have been asked to participate because we want to know how to improve how people control robots.

The purpose of the research is to determine how control methods affect performance and perception.

This study will include members of the campus community.

This research will be conducted at various UW sites.

WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in this research you will be asked to control a robot arm to perform several tasks. You will be asked to fill out a questionnaire about what your experience. The researchers may ask you questions at the end of the study. Your interactions with the robot will be recorded. Your participation should take less than twenty minutes.

ARE THERE ANY RISKS TO ME?

We don't anticipate any risks from participation in this study greater than normal activity.

ARE THERE ANY BENEFITS TO ME?

There are no direct benefits to you.

WILL I BE COMPENSATED FOR MY PARTICIPATION?

You will receive a candy bar for participating in this study.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?

There will be no publications as a result of this study. Statistics of the data will only be used for the report of this class assignment. Only the study team will be able to view recordings. Only derived data will be shown to the class instructor.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

You may ask any questions about the research at any time. If you have questions about the research after you complete the experiment today you may contact the Principal Investigators, Chris Bodden (cbodden@cs.wisc.edu), Danny Rakita (rakita@cs.wisc.edu), or Alper Sarikaya (sarikaya@cs.wisc.edu).

Your participation is completely voluntary. If you begin participation and change your mind you may end your participation at any time without penalty.

Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate.

| Name of Participant (please print): | |
|-------------------------------------|-------|
| Signature: | Date: |