

ADULT PARTICIPANT INFORMED CONSENT**Department of Computer Science****Participant Study Title: Immersive Motivation****PRINCIPAL INVESTIGATOR: Irene Zaugg****WHAT IF I HAVE QUESTIONS?**

For questions or concerns about the study, you may contact Melissa Clemens at **4355122233**. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact the CSU Institutional Review Board at: CSU IRB@colostate.edu; 970-491-1553.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this research study is to test your motivation and confidence in puzzle-solving within a virtual environment.

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being asked to participate in the study because you fit these criteria: Adult, CSU student.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The Study takes place at the main campus of Colorado State University, using desktop computers and Oculus Quest 2 headsets in room CSB 225. The study will last around 15 to 30 minutes.

WHAT WILL I BE ASKED TO DO?

If you volunteer to participate in this study, you will be asked to do the following: familiarize yourself with the controls and work through a virtual escape room puzzle.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?

There may be no direct benefit to you as a participant in this study. However, we hope to learn more about the motivational benefits of VR in task completion.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no known risks included with this study. While the level of risk is minimal, you may become uncomfortable with some unexpected images related to the puzzle.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY? *You will be compensated for participating in this research by receiving some delicious cake.*

WHO WILL SEE THE INFORMATION THAT I GIVE?

All information gathered in this study will be kept as confidential as possible. Your privacy is very important to us and the researchers will take every measure to protect it. Your information may be given out if required by law; however, the researchers will do their best to make sure that any information that is released will not identify you. No reference will be made in written or oral materials that could link you to this study. For this study, we will assign a code to your data so that the only place your name will appear in our records is on the consent and in our data spreadsheet which links you to your code. Only the research team will have access to the link between you, your code, and your data. All records will be stored in an encrypted, cloud-based storage system at CSU for three years after completion of the study. After the storage time, the information gathered will be destroyed. We may be asked to share the research files with the sponsor or the CSU Institutional Review Board ethics committee for auditing purposes. Your identity/record of receiving compensation (NOT your data) may be made available to CSU officials for financial audits.

The research team works to ensure confidentiality to the degree permitted by technology. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. However, your participation in this online survey involves risks similar to a person's everyday use of the internet.


DO I HAVE TO TAKE PART IN THE STUDY?

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with CSU. You are encouraged to ask questions about this study at the beginning or any time during the research study.

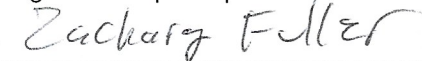
The information collected as part of this study, even with identifiers removed, will not be used or distributed for future research studies.

Participant Consent:

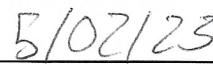
Your signature acknowledges that you have read the information stated and voluntarily wish to participate in this research. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.



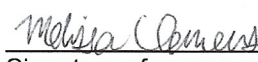
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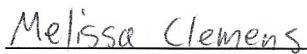
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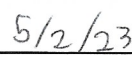
Date



Signature of person providing information



Name of person providing information



Date