



**Name of Researcher, Faculty, Department, Telephone & Email:**

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**Supervisor:**

Dr. Sheelagh Carpendale, Department of Computer Science

**Title of Project:**

Understanding people's response to viewing and interacting with computing technologies

**Sponsor:**

N/A

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This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

**Purpose of the Study:**

The purpose of this study is to improve our understanding of how people respond to computing technologies in order to inform the design of future computing technologies.

**What Will I Be Asked To Do?**

If you agree to participate in this study, you will be asked to participate in the following different research activities:

1. You will be asked to complete a short questionnaire about your experience of interactive computing systems and your background.
2. You will be asked to interact with a set of computing technologies. A researcher will observe, take notes, and videotape you while you do this; your actions will be logged automatically by the system in order to measure the technology's impact on task performance. During this time, you will be asked questions about the computing technology and your experience.
3. After completing the study, you will be asked to participate in a post-study interview about your

experience in the study, provide some additional background about your experience with our computing technology and any further thoughts. This may include a short questionnaire.

This whole process was designed to last no longer than approximately 120 minutes. However, should you wish to discuss a topic longer than the allotted time or think that you have any insights that are important to the research, please feel free to talk about it.

Your participation in this research is voluntary. You may refuse to participate altogether or in part. You may decline to answer any or all questions. You may withdraw from participation in this study at any time without penalty or loss of benefits.

### **What Type of Personal Information Will Be Collected?**

Should you agree to participate, we will videotape and audiotape you during the study and a post-study interview. Other than these video and audio recordings, no other personal identifying information (such as your name) will be associated with the data collected in this study. By default, in all written publications and presentations based on this research, you will remain anonymous and your comments from the interviews will be referred to either using a participant number or a pseudonym.

In order to better communicate the results of this research in written publications and presentations, it may be helpful to share video (or still photographs from the video) of you in the study. If you grant us permission to share video (or still photographs from the video) of yourself in the study, in written publications or presentations of this research, there is a chance that you may be recognized and so we cannot guarantee your anonymity. We will never, however, reveal your name in association with your image.

Please note that, where intended reporting of photographed or videotaped images includes public display, the researchers will have no control over any future use by others who may copy the images and repost them in different formats or contexts, including online.

Please indicate your preference to the following statements:

I grant permission for video (or still photos from the video) of me to be shared in publications or presentations of this research: Yes: \_\_\_\_ No: \_\_\_\_

I grant permission for the researchers to contact me at the following email address for a follow-up interview:  
Email: \_\_\_\_\_ Yes: \_\_\_\_ No: \_\_\_\_

### **Are there Risks or Benefits if I Participate?**

There are no known harms or risks associated to the participation in this study.

There is also no cost for you to participate in this study and you will receive \$20 for participation.

### **What Happens to the Information I Provide?**

Participation in this research is completely voluntary and confidential. You are free to discontinue participation at any time during this session by stating your intent to do so to the experimenter; in such a case, any information you contribute up to the point at which you choose to discontinue your participation will be destroyed. No one except we, the researchers, will be allowed to see or hear any personally-identifiable information unless you have given permission for us to share video or photographs of you in this study in publications or presentations of this research. The audio/video tapes, questionnaires and interview data will be kept on password-protected university computers or in a locked cabinet only accessible by the researchers. The data will be stored for ten years, after which it will be permanently erased.

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**Signatures (written consent)**

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's Name: (please print) \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions/Concerns**

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Sheelagh Carpendale  
Department of Computer Science  
sheelagh@ucalgary.ca

If you have any concerns about the way you've been treated as a participant, you may contact a Research Ethics Analyst at (403) 210-9863.

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.