

**THE UNIVERSITY OF BRITISH COLUMBIA**

Department of Computer Science

2366 Main Mall

Vancouver, BC, V6T 1Z4

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research participant Consent Form**

**Principal Investigators**

* Dr. Cristina Conati, Associate Professor, Department of Computer Science, University of British Columbia, (604) 822 4632
* Dr. Giuseppe Carenini, Associate Professor, Department of Computer Science, University of British Columbia, (604) 822 5109
* Dereck Toker, PhD Candidate, Department of Computer Science, University of British Columbia, (xxx) xxx xxxx

**Project Purpose and Procedures**

The purpose of this study is to investigate the potential of different visualizations methods to effectively convey information and how differences in a person’s abilities may affect how a visualization is perceived.

You will be asked to complete a set of tests designed to determined perceptual abilities and personality traits. You will then to be shown short documents (i.e., snippets) that have been extracted from longer real-world documents. Your task will be to inspect a snippet, then answer a few questions. The study will require you to carry out this task multiple times for several different snippets. All of your interactions with the testing software will be logged by the software, and you gaze patterns will be tracked and logged with a Tobii eye tracker. Your data will be used for research purpose only and won’t be divulgated or transferred to other organization.

This study will take a maximum of 60 minutes, plus three tests done online for a maximum of 30 minutes.

**Restrictions on participation**

All participants should have a self-reported normal visual acuity (at least 20/50 acuity with both eyes) and a self-reported normal (unassisted) hearing. They must be able to read English.

**Confidentiality**

Your identity will be kept strictly confidential. All of your results will be kept completely anonymous. None of the forms will contain any information that would permit anyone to link the results with you. The test forms will be coded to protect your anonymity and will be stored in a secured laboratory room and/or a password-protected computer.

**Remuneration/Compensation**

The experiment will take a maximum of 60 minutes to complete plus a maximum of 30 minutes online, and you will receive $30 for your participation.

**Contact Information about the Project**

If you have any questions or require further information about the study, you may contact Cristina Conati at (604) 822 4632 or by email at [conati@cs.ubc.ca](mailto:conati@cs.ubc.ca). If you want to access to your data or request for their deletion, you may contact also Cristina Conati.

**Contact for Information about the Rights of Research Projects**

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

**Consent**

We intend for your participation in this study to be pleasant and stress-free. Your participation is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study. You do not waive any legal rights by signing this consent form.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to participate in the study as outlined above. My participation in this study is voluntary and I understand that I may withdraw at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Email address Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature Date