# Informed Consent Form

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**This Informed Consent Form has two parts:**

**• Information Sheet (to share information about the study with you)**

**• Certificate of Consent (for signatures if you choose to participate)**

**You will be given a copy of the full Informed Consent Form**

# Part I: Information Sheet

## Introduction

This study aims to gather information about the legibility of map symbols on different devices. As a participant, you will be asked to look at various graphics on a range of different display devices, and give feedback about the legibility of the presented graphics. We hope that the results of this experiment will help us, and others, to create better maps in the future.

## Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. You may change your mind later and stop participating even if you agreed earlier, and you may stop and abort the experiment at any time without giving a reason and without negative consequences. The credits for the course (if applicable) are given automatically upon showing up for participation, and do not require you to complete the experiment.

## Procedures

In the experiment, you will be asked to look at map-related graphical depictions on different display devices. For each graphics, you will be presented with a range of response options, of which you should select the one option that best matches the shown graphics.

The graphics will get increasingly smaller or harder to read in each step. Even if you cannot clearly distinguish the presented graphics, we ask you to make your best guess on which of the options the graphics may represent. If you cannot recognize anything, you can simply choose one of the options randomly.

This experiment is not a test of your capabilities! There is no right or wrong way to do the experiment, we only ask you to respond as good as you can. Eventually, the graphics will be too difficult to recognize for any person, so not being able to recognize a presented graphics is not a failure, but a normal part of the experiment. Simply choose one of the options at random if you cannot recognize the graphics at all.

## Duration

The introduction, including reading and signing this form will take about 5 minutes. The main experiment is expected to take about 40 minutes. You can take short breaks between the different parts of the experiment. In total, the experiment should not take longer than 50 minutes.

## Risks

To our best knowledge, you will have no more than the normal risks of looking at your mobile phone in a concentrated manner for 45 minutes. As a precaution, we nevertheless recommend that you do not take part in the experiment if you have ever suffered from epileptical seizures in the past or if you tend to get migraine or headache from prolonged looking at a screen. If you do not want to take part in the experiment for any reason, you can leave at any time without telling us why.

If you notice eye strain, headache or severe fatigue during the experiment, please abort the experiment.

## Data Collection & Confidentiality

We will record data on the presented graphics and your choices electronically. This data will not be connected to any information identifying you. The data will be anonymous already when collected.

Before the experiment, we will ask you to fill out a brief questionnaire. Your answers on this questionnaire will also be anonymous, and never connected to any information that may identify you.

All the information you provide will be strictly confidential. All data will be anonymous. Any information collected during the experiment will have a number on it instead of your name, without any data that could be used to reveal your identity. Your data can be made available to you immediately after the experiment, if you request it. At a later point, we will have no way of identifying the results data from your experiment, so we cannot provide the data to you.

## Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so. You may stop participating in the experiment at any time without further questioning. In that case, none of the data gathered during the experiment will be stored.

## Who to Contact

If you have any questions about the experiment now, please ask the person attending the experiment.

If you have questions during the experiment, please use the provided phone to call the person attending the experiment.

If you have any questions after completing the experiment, please contact the principal investigator Florian Ledermann (florian.ledermann@tuwien.ac.at).

# Part II: Certificate of Consent – Participant Copy

## Statement by the participant

I have been invited to participate in this study about map symbols on digital displays. I have read the foregoing information (“Part 1: Information Sheet”). I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Statement by the researcher

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the participant has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Signature of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part II: Certificate of Consent – Researcher’s Copy

## Statement by the participant

I have been invited to participate in this study about map symbols on digital displays. I have read the foregoing information (“Part 1: Information Sheet”). I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Statement by the researcher

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the participant has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Signature of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_