**Consent Form for User Questionnaire**

**Project Title**: User Experiences with Medical Websites

**Course**: Human-Machine Interaction

1. **Introduction**

You are invited to participate in an interview conducted as part of a research project for the Human-Machine Interaction course. The purpose of this interview is to gather in-depth insights into how users interact with medical websites, with a specific focus on user behavior, challenges, and preferences. The information will be used to improve the design, accessibility, and functionality of such websites.

1. **Purpose of the Questionnaire**

The interview aims to explore how different users (including normal users, experts, and extreme users) engage with medical websites for tasks like scheduling appointments, researching health information, or accessing medical records. By discussing your experiences, we seek to understand key points, usability challenges, and any suggestions you may have for improvement. This interview will take approximately 10-15 minutes.

1. **Voluntary Participation**

Participation in this questionnaire is entirely voluntary. You may choose to skip any questions you do not wish to answer, and you can stop at any point without consequences or penalties.

1. **Data Collection and Privacy**

Your responses will remain confidential. Any identifying information provided will not be disclosed and will only be used to aggregate data. Your name or other personal details will not be included in the final report or presentation. You may also choose to remain anonymous.

1. **Use of Data**

The data collected will be used solely for academic purposes, including research analysis and a final report or presentation for this course. Aggregated, anonymous results may be shared, but no personally identifiable information will be included unless explicit permission is given.

1. **Risks and Benefits**

There are no known risks associated with participating in this questionnaire. Your participation will provide valuable insights to help improve user experiences with medical websites.

1. **Consent**

By completing this questionnaire, you acknowledge that you have read and understood the information provided above, and you voluntarily agree to participate. You also acknowledge that you can withdraw at any time without penalties.

**Participant Information**

Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If you have any questions or concerns regarding this research, please do not hesitate to contact me.