Participant Consent Form for OutageAlert Usability Study

# About the OutageAlert Usability Study

The project is being run by three students of Thompson Rivers University as part of their final coursework in COMP 3450: Human Computer Interaction. We are working to design a new web application that will provide users with proactive alerts by email and text message for power outages affecting their home. The study will take place from March 29 2021 to April 12 2021. The goal of the study is to test how easy it is to use the OutageAlert web application.

As this study will not be providing any compensation to participants, we would like to express our sincere appreciation for your willingness to volunteer your time and experiences. Your feedback will improve our understanding of the topics related to our coursework and issues related to our project.

# Notes and Recordings

During the study, the interviewers may take notes, make audio or video recordings or take screen captures to assist in usability analysis. Your name and other identifying information will not be associated with the recordings, nor will the recordings be used for any purpose other than those described in this form or otherwise permitted by law.

All notes and recordings will be stored for the duration of the project and then disposed of once the project is complete.

# Confidentiality

In capturing your experiences, personal or confidential information may be shared during the interview. Your confidentiality will be respected. We will remove all identifying information from our notes and ask that you not name yourself or others during any recordings. If you wish, you can choose to not have your recordings made available to our course instructor nor to have them included in project presentations. If you have questions about how your information is used, please discuss them with your interviewer before your interview begins.

# Consent to Interview Recording

* I agree to audio recordings for the purposes described above (please circle): **Yes - No**
* I agree to screen captures and recordings for the purposes described above (please circle): **Yes - No**

# Consent to Participation

I understand the following:

* I have read and understood this consent form
* I have had the opportunity to ask questions and receive satisfactory responses to my questions
* I retain the right to withdraw from participation in the study at any time

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| --- | --- | --- | --- |
| **Participant Name:** |  |  |  |
| **Participant Signature:** |  |  |  |
| **Date:** |  |  |  |