

INFORMED CONSENT

Study Title: Interpreting Robot Behavior

Principal Investigator: Dr. Casey Kennington

PURPOSE AND BACKGROUND

The purpose of this research is to collect data that will be essential in studies revolving around human perceptions of robot behaviors.

PROCEDURES

If you agree to be in this study, you will participate in the following:

- You will be shown a short video of a robot doing something
- In the text input box, please describe the robot's behavior in one or more words

BENEFITS You will receive compensation made available to you after your participation in this study. The compensation will be a rate of \$0.10 per description.

EXTENT OF CONFIDENTIALITY

Your part in this study is anonymous to the researcher(s). However, because of the nature of web based surveys, it is possible that respondents could be identified by the IP address or other electronic record associated with the response. Neither the researcher nor anyone involved with this survey will be capturing those data. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

PARTICIPATION IS VOLUNTARY

You do not have to be in this study if you do not want to participate. If you volunteer to be in this study, you may withdraw from it at any time without consequences of any kind or loss of benefits to which you are otherwise entitled.

RISKS

The possible risks or discomforts of this study are minimal. In the event that some of the tasks make you uncomfortable or upset, you may stop your participation at any time. (See below for information about what to do if you do feel uncomfortable or upset.)

QUESTIONS

If you have any questions or concerns about your participation in this study, you may contact the Principal Investigator, Dr. Casey Kennington: (208) 426-5731 or caseykennington@boisestate.edu.

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID 83725-1138.

Should you feel discomfort after participating, please contact your healthcare provider.

DOCUMENTATION OF CONSENT

I have read this form and decided that I will participate in the project described above. The project's general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I understand I can withdraw from the study at any time.

Please print out a copy of this consent form for your records.

By clicking to proceed with the task you are indicating that you consent to participate in this study.

Thank you for your participation!