

APR 10 2014

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UNIVERSITY OF WASHINGTON

CONSENT FORM

Investigating the Research Practices of Data Scientists

Researchers

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Confidentiality cannot be maintained for communication sent via e – mail

Researchers' Statement

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE STUDY

We are studying how scientists work with large and complex datasets. The growing size of datasets poses a unique challenge for scientists, which has recently generated interest in the development of tools to help these scientists efficiently do their work. The purpose of this study is to discover the processes, methods, and tools currently employed by scientists who work on large and complex datasets, for the purposes of informing the design of new and improved tools to help them do their work.

STUDY PROCEDURES

If you decide to participate in this research, we will use the following procedures. The study will take place over a period of about two to four weeks. A researcher will meet with you about twice a week for about two hours per session, at your convenience. The researcher will accompany you as you go about your work as you normally would. The researcher may sometimes ask you to describe what you are doing or ask you to talk about a task you are doing. Unless you specify otherwise, the researcher will observe and record your actions, speech, tools, and processes via written notes, audio recordings, photographs, or short video clips. The researcher may schedule follow-up interviews with you, at your convenience during the study, where we will ask questions to better understand what was observed during your work. Interviews will be audio-recorded.

Your participation should take about two hours for every session, and will be arranged with you in advance. You are free to refuse to answer any question or to stop the study at any point and withdraw your data without consequence.

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RISKS, STRESS, OR DISCOMFORT

We know of no risks of harm to you for participating in the research beyond those encountered during your normal workday. Besides your interaction and communication with us, you will be doing your work as you normally do. We may not understand something about your work that you find obvious, and this may make you feel uncomfortable or frustrated. We will retain audio recordings, images, videos, and notes from the sessions. Selections or quotes from these recordings may be presented to other researchers, or included in publications.

BENEFITS OF THE STUDY

There are no direct benefits to you for participating in the research. This research will ultimately result in design implications for improved tools for scientists who collect, analyze, and share large and complex datasets.

CONFIDENTIALITY OF RESEARCH INFORMATION

Research data will be confidential while the study is in progress. Audio recordings and video will be kept for up to four years after the study is concluded, after which time, will be destroyed.

OTHER INFORMATION

You may refuse to participate and you are free to withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consent

Signature

Date

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

Printed name of subject

Signature of subject

Date

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