### INFORMATION SHEET FOR PARTICIPANTS

### "Optimize Anything User Study"

**Purpose:** To understand how people formulate and solve optimization problems.

**Responsible PI**: Prof. Antti Oulasvirta (tel 050-3841561). The members of the group have experience in over 50+ controlled studies in human-computer interaction. There are no reported incidents of ethical misconduct.

Time commitment: 30 – 45 minutes.

#### Description of the study:

- 1. You need to perform an optimization task through the operation program "optimize anything"
- 2. Answer the questionnaire after the task is completed.

Eligibility for the study: Anyone with a computer

Compensation: Follow the compensation policy on Prolific

**Voluntary participation:** Participation in the study is voluntary. You have the right to discontinue participation at any time without obligation to disclose a specific reason.

The rights of the study participant: Participation in the study requires forgoing the following rights:

- The right to access stored personal information collected during the study
- The right to correct said personal information
- The right to oppose the processing of said personal information
- The right to delete said information

If, however, it is possible to achieve the aims of the study and the achievement of the purpose is not greatly hindered, will will actualize your rights as defined in the GDPR. The extent of your rights is related to the legal basis of processing of your personal data and exercising your rights required proof of identity.

Possible risks and their prevention: All experiments do not physical effort other than using a computer.

Communication with the research staff during testing: You can send email to <a href="mailto:tingzhimo@gmail.com">tingzhimo@gmail.com</a> for any question or issues you encounter during the study.

**Collection of data:** 1) Answers to questionnaires; 2) Logging data acquired from interacting with the web service 3) Demographic information: sex, age, occupation. Personal information is collected to analyze the correlation and communication within the subject of the research.

Who will process your personal information: Antti Oulasvirta, Fengyu Li

Transferring data outside EU: No.

**Anonymity, secure storage, confidentiality:** The data will be used for scientific purposes only and are confidential. All data will be anonymized. No explicit clues of your identity will be left to the stored data. All data will be stored securely and accessible only to the members

Measures taken in cases of unexpected incidental findings: This study has not been designed to provide clinical information.

Insurance coverage: You are covered by Aalto-level insurances for accidents and damages during the study.

**Futher information:** In question regarding research, you can contact the responsible researcher. You can also contact the Aalto University data protection officer if you have questions about data processing and protection: Jari Söderström, dpo@aalto.fi, +358505665186 If you notice a violation in the data protection legislation, you can contact the Data Protection Ombudsman (http://www.tietosuoja.fi/en).

If you agree to take part in the study, please sign the consent form.

# **Computational Design of User Interfaces**

# **CONSENT FORM**

| Iagree to participate in the user interface experiment by the CBL group.  |                        |
|---|------------------------|
| I have read and understood the study information sheet given to me.   |                        |
| I have understood that the material and research data is gathered for scientific purposes only. The purpose and nature of the study has been explained to me in writing. I have sufficient information on the process of the study.   |                        |
| I understand that my participation in the study is completely voluntary and that I have the right to discontinue my participation at any stage without any consequences.  |                        |
| I give permission for my data to be recorded in the described manner.   |                        |
| I understand that I can ask to take a break at any time during the study.   |                        |
| It has been explained to me that a designated researcher will, at my request, provide me with additional details of the general principles of the study and its progress or of the results concerning myself.   |                        |
| I understand that anonymity will be ensured by disguising my identity. I have been explained who are the different parties involved in the research that have access to my data. I understand the practices of storing, protecting, and using the data.   |                        |
| I know that the collected data will not be presented to a third party without my written consent. I know that the research group may ask for a professional consultation on possible unexpected incidental findings without separate consent provided that the anonymity of the results has been ensured. Any type of commercial exploitation of the results is prohibited. |                        |
| I understand that a fully anonymized subset of the data may be released to other research groups for the purposes mentioned above, if I give permission to it.  |                        |
| (Please tick one box:)  |                        |
| [ ] I agree to releasing anonymized extracts from my data.  |                        |
| [] I agree to releasing anonymized extracts from my data only if I am informed about the research groups in question. I have been told what that subset will be.  |                        |
| [ ] I do not agree to releasing extracts from my data.  |                        |
| I understand that extracts from possible interviews may be quoted in subsequent publications if I give permission below:  |                        |
| (Please tick one box:)  |                        |
| [ ] I agree to anonymized quotation/publication of extracts from my interview   |                        |
| [ ] I do not agree to quotation/publication of extracts from my interview.  |                        |
| By my signature, I confirm my participation in this study and agree to volunteer as a study subject.  |                        |
| Date  |                        |
| RESEARCH PARTICIPANT  | PRINCIPAL INVESTIGATOR |
| Signature   | Signature              |
| City  |                        |