



Consent Form

Report Insurance claim

In order to understand human behaviour during filling of web forms, we have developed a study to explore better ways of displaying a web insurance form. You first will be presented with a video of a road accident, which you have to remember, and then you should fill insurance claim form presented on a desktop computer.

The videos will contain non-fatal and “light” road accidents, and their only purpose is to remember the events from them, so that later they can be recalled during form filling of the insurance claim. If you feel the videos are too stressing or traumatic, you can withdraw from the study at any moment without giving an explanations. In such case, we can arrange a counselling services, in order to mitigate the stress effects from the videos.

The knowledge obtained from this exercise will lead to a deeper understanding of how users interact with web technologies during mundane tasks, allowing more effective systems to be designed.

Your participation in this scenario is completely voluntary. The expected length of the study is approximately 60 minutes.

A series of **questionnaires, video of screen capture, audio recordings** as well as **observation comments from the experimenters** will be collected. This will be stored on a password protected computer at the university, in accordance to the Data Protection Act (1998).

Once we have collected all of your data, we will completely **anonymise it**, such that your name and data cannot be recognized within all the data collected from all our participants. If, after the study, you wish to withdraw from the study, please contact us with the details below and

Additionally, a **non-invasive brain-scanning device, fNIRS**, will be attached to the forehead to capture **brain data** whilst completing the task. **We are not able to diagnose or distinguish any brain conditions!** All data will be stored according to the data protection act, and the collated results will be used for publication in academic conferences/journals and for future research.

You will also be asked to wear **Empatica E3 wristband**. Empatica is a comfortable bracelet to monitor physiological signals in real time. We will use it to measure your **Skin Temperature, Heart Rate and Electrodermal Activity (EDA)**.

You will be reimbursed for your time with a £10 amazon gift voucher.

At the end of the study you might be asked to fill a questionnaire or partake in a short interview about the experience during the study.

Please initial the boxes below to show that you consent to various aspects of the fNIRS recording procedure. Then sign the form at the bottom.

☐ I confirm that I have read the “Reporting an insurance claim” information sheet, am aware that it will take around 1 hour, and I have asked the researcher questions where necessary.

☐ I have been made aware of and consent to wear the **fNIRs headband**. I understand that there may be some pressure marks on my forehead, which will fade naturally in 5-10 minutes.



☐ I have been made aware of and consent to wear the Empatica E3 wristband that will record my **Heart Rates, Skin Temperature and Electrodermal Activity (EDA)**.

☐ I consent for my age, gender, computer literacy, and handedness to be recorded.

I AM _____ YEARS OLD

GENDER: MALE / FEMALE

COMPUTER LITERACY: NOVICE USER / AVERAGE USER / ADVANCED USER

HANDEDNESS: LEFT HANDED / RIGHT HANDED / AMBIDEXTROUS

☐ I am allowing the researcher to anonymously quote me in academic publications.

Please circle the appropriate:

- YES/NO Are you currently taking, or have you recently taken, any prescription or over-the-counter medicine?
- YES/NO Have you ever suffered from epilepsy?
- YES/NO Have you had surgery in which metal items have been placed in your head?
- YES/NO Do you have a heart pacemaker fitted?
- YES/NO Do you use any other medical device?
- YES/NO Have you been feeling unwell over the last few days?
- YES/NO Do you suffer from any chronic skin condition (e.g. dermatitis, eczema, psoriasis)?
- YES/NO Do you suffer from any condition impairing blood clotting (e.g. haemophilia) or are you taking any medication that could affect blood clotting?
- YES/NO Do you currently have any cuts or abrasions on your head?

☐ I confirm that I have read the above medical questions.
If the answer to any question is “yes”, I have discussed with the researcher, who has indicated that I may participate in the fNIRS study.

☐ I have normal or corrected-to-normal vision.

☐ I have been made aware that withdrawal from this study is possible at any time.



Participant's declaration form

Please read all of the statements below and initial if you agree.

- I have read and understood the participant information sheet

- I have had the time to ask questions and discuss the study

- All the questions been answered satisfactorily to me

- I have received information about the study and I know what I will be required to do

By signing and dating the form below, you are acknowledging that you understand the terms of participation and that you consent to these terms. If you have any concerns or questions about the exercise, please do not hesitate to bring this to attention of any researchers involved.

Yours sincerely,
Kristiyan Lukanov

I understand the description of the research and give consent for my participation and use of anonymised data in for research purposes:

Email address where to receive gift voucher: _____

Name _____ Signed _____ Date _____