



# STUDY CONSENT FORM

Department of Computer Science  
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tel: [REDACTED] fax: [REDACTED]

**Project Title:** Investigation of Tools and Techniques for Haptic Design Processes  
(UBC Ethics #H13-01620)

**Principal Investigator:** Karon MacLean, Professor, Dept. of Computer Science, [REDACTED]

**Co-Investigators:** Oliver Schneider, Ph.D. Student, Dept. of Computer Science, [REDACTED]

Paul Bucci, Undergraduate Student, Dept. of Computer Science, [REDACTED]

The purpose of this study is to gather feedback to inform the design of haptic (sense of touch) design tools. We will ask you to talk about your experiences with haptic sensations, devices, and related technologies and training. We may ask you to interact with one or more haptic devices, such as the vibrations found in smartphones, or a force-feedback knob. We may also ask you to interact with a device for controlling these haptic devices, and ask you to create, manipulate, or describe haptic sensations using the tool.

You may refuse or skip any tool, task, or question without affecting your reimbursement.

**REIMBURSEMENT:** We are very grateful for your participation. You will receive monetary compensation of \$10 for this session.

**TIME COMMITMENT:** 1 × 1 hour session

**RISKS & BENEFITS:** This experiment contains no more risk than everyday computer use. There are no direct benefits to participants beyond compensation.

**CONFIDENTIALITY:** *You will not be identified by name in any study reports. Any identifiable data gathered from this experiment will be stored in a secure Computer Science account accessible only to the experimenters.*

**AUDIO/VIDEO RELEASE:** *You may be asked for audio or video to be recorded during this session. You are free to say no without affecting your reimbursement.*

I agree to have AUDIO recorded: ☐ Yes ☐ No

I agree to have VIDEO recorded: ☐ Yes ☐ No

I agree to have ANONYMOUS VIDEO OR AUDIO EXCERPTS  
presented with the findings: ☐ Yes ☐ No

You understand that the experimenter will ANSWER ANY QUESTIONS you have about the instructions or the procedures of this study. After participating, the experimenter will answer any other questions you have about this study. Your participation in this study is entirely voluntary and **you may refuse to participate or withdraw from the study at any time without jeopardy**. Your signature below indicates that you have received a copy of this consent form for your own records, and consent to participate in this study.

If you have any concerns about your treatment or rights as a research participant, you may contact the Research Subject Info Line in the UBC Office of Research Services at 604-822-8598.

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You hereby CONSENT to participate and acknowledge RECEIPT of a copy of the consent form:

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_