



PARTICIPANT'S COPY CONSENT FORM

Department of Computer Science
2366 Main Mall
Vancouver, B.C. Canada V6T 1Z4
tel: (604) 822-3061
fax: (604) 822-4231

Project Title: Designing Affective Vibrotactile Stimuli

Principal Investigator: Karon MacLean, Professor, Dept. of Computer Science, 604-822-8169

Co-Investigator: Hasti Seifi, Graduate student, Dept. of Computer Science

Oliver Schneider, Ph.D. Student, Dept. of Computer Science

Salma Kashani, MSc., Dept. of Electrical and Computer Engineering

Matthew Chun, BSc., Dept. of Computer Science

The purpose of this project is to investigate how people design and describe vibration patterns with affective or aesthetic attributes for a handheld or wristband device. In this study, you will be invited to interact with one or more haptic devices, such as the vibrations found in smartphones or a wristband, and perform tasks such as grouping or describing haptic sensations. We may also ask you to interact with a tool for controlling these haptic devices, and create or modify vibrations using the tool(s), to describe your process to us, and discuss your preferences and likings for the patterns you created as well as for the design tools you used. You will also be asked to provide general demographic information (e.g., your age), previous design activities and familiarity with tactile feedback.

You may be asked to wear headphones to mask external noises. Please tell the experimenter if you find the auditory level in the headphones uncomfortable, and it will be adjusted. If you are not sure about any instructions, do not hesitate to ask. Your responses will be audio recorded.

REIMBURSEMENT: \$15

TIME COMMITMENT: 1 × 60 minutes session

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

You understand that the experimenters 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 or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598 (Toll Free: 1-877-822-8598).



RESEARCHER'S COPY CONSENT FORM

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

PRINTED NAME _____ DATE _____

SIGNATURE _____