IRB USE ONLY
Study Number: 2015-09-0033
Approval Date: 10/20/2015
Expires: 10/19/2016
Name of Funding Agency (if applicable): HP Labs

Consent for Participation in Research

Title: Assessing Notification Importance to Schedule Notifications on Mobile Devices

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. The person performing the research will answer any of your questions. Read the information below and ask any questions you might have before deciding whether or not to take part. If you decide to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in a research study about **assessing importance of notifications in smartphone**. The purpose of this study is **to find which notifications are important to you, when to provide those notifications, and how much attention one gives to these important notifications**.

What will you be asked to do?

If you agree to participate in this study, ***you will be initially asked to install a mobile application which will run in back ground to collect your interaction with notifications and corresponding context and later on will be asked to install another notification manager application based on your usage model. You will also be asked to give feedback on the performance of the system.*** This study will take **at least 45 days without any kind of direct intervention from you** and will include approximately **60** study participants.

What are the risks involved in this study?

There is issue of privacy in data collection, which we will try to eliminate by encrypting all the sensitive data, and by informing you in detail.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, **we will gather different insights on the notification usage pattern which will in turn help in creating a smarter notification manager which will reduce the unnecessary interruption in future.**

Do you have to participate?

No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not affect your relationship with The University of Texas at Austin (University) in anyway.

If you would like to participate, please return the signed and scanned copy via mail to swadhin@cs.utexas.edu or mail the signed copy to ***Swadhin Pradhan, GDC 6.802D, D5100, Computer Science Department. The University of Texas at Austin,, Austin -78712***. You will receive a copy of this form.

Will there be any compensation?

You will receive **$50 worth of Amazon Gift card**. Payments will occur **after completion of 45 days of participation in the study.** If any participant withdraws before this mandatory 45 days of participation, they will not receive any gift card. You will be responsible for any taxes assessed on the compensation.

What if you are injured because of the study?

There is no injury risk in this study.

How will your privacy and confidentiality be protected if you participate in this research study?

Your privacy and the confidentiality of your data will be protected by encrypting all the sensitive information like notification content and data will be sent to our servers through secure protocol like HTTPS. We do not require linking the name, email, and phone number of participants with the unique device ID annotated data. By delinking this information, we are ensuring the anonymisation of the data.

If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, or with your participation in any study.

Whom to contact with questions about the study?

Prior, during or after your participation you can contact the researcher **SWADHIN PRADHAN** at +1-**7372228807** or send an email to **swadhin@cs.utexas.edu** for any questions or if you feel that you have been harmed.

This study has been reviewed and approved by The University Institutional Review Board and the study number is **[2015-09-0033].**

Whom to contact with questions concerning your rights as a research participant?

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

Participation

If you agree to participate please return the signed and scanned copy via mail to swadhin@cs.utexas.edu or mail the signed copy to ***Swadhin Pradhan, GDC 6.802D, D5100, Computer Science Department. The University of Texas at Austin,, Austin -78712***. You will receive a copy of this form.

Signature

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

_____

Printed Name

_____ _____

Signature Date

As a representative of this study, I have explained the purpose, procedures, benefits, and the risks involved in this research study.

_____

Print Name of Person obtaining consent

_____ _____

Signature of Person obtaining consent Date