

# Informed Consent Form

## STUDY TITLE: BookClub App Evaluation

**DESCRIPTION:** You are invited to participate in a **research study** on a new software application. The phone app is for a book club-type of experience using ebook readers. You will be asked to perform some basic tasks and describe your thoughts while completing them. It's important to remember that *you* are not being tested, the *software* is being tested, so please do not stress your performance. You will also be timed and, after each task is complete, asked for your opinion. It is hoped that through these usability studies, the software can be improved and the book club experience will become a more easy-to-use and satisfying one. If you are recorded by audio or video, the recordings may be used for later review by software designers, class faculty, and class peers.

**TIME INVOLVEMENT:** Your participation will take approximately 15 minutes.

**RISKS AND BENEFITS:** There are no risks associated with this study. The benefits which may reasonably be expected to result from this study are an improved user interface for the software product. **We cannot and do not guarantee or promise that you will receive any benefits from this study.** Your decision whether or not to participate in this study will not affect your allowance, bed time, or assigned chores.

**PAYMENTS:** You will receive an ice cream (well, a frozen yogurt) at Menchie's sometime in the next few days as payment for your participation.

**SUBJECT'S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate.** You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

## CONTACT INFORMATION:

**Questions:** If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Mike Sawyer, at 712-898-1388.

**Independent Contact:** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-2480 or toll free at 1-866-680-2906.

I give consent to be audiotaped during this study.

Please initial: ☐ Yes ☐ No

I give consent to be videotaped during this study:

Please initial: ☐ Yes ☐ No

I give consent for tapes resulting from this study to be used for review by class peers, faculty, and software designers.

Please initial: ☐ Yes ☐ No

**The extra copy of this consent form is for you to keep.**

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_