



CHANGE THE WORLD FROM HERE

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study conducted by _____
<student_name>, a student in the Department of Computer Science at the University of San Francisco in Professor Yuksel's class CS 484/686 Human-Computer Interaction and Special Topics: Human-Computer Interaction. The faculty supervisor for this study is Professor Yuksel, a professor in the Department of Computer Science at the University of San Francisco.

WHAT THE STUDY IS ABOUT:

The purpose of this research study is to investigate human-computer interaction that collects information about user affect (emotion) using facial expression recognition and/or physiological signals.

WHAT WE WILL ASK YOU TO DO:

During this study, the following will happen

You will be asked to sit in front of a computer or tablet and put on a Empatica E4 wristband. You will be asked to perform one of the tasks below on the computer or tablet:

- A – Interact with a virtual agent.
- B – Play a video game.
- C – Select and listen to sound files and/or watch video files.

More specific instructions will be given at the time of the task.

Your facial expressions and/or physiological signals will be recorded with a camera and/or Empatica E4 wristband.

You will be asked to fill out a questionnaire.

DURATION AND LOCATION OF THE STUDY:

Your participation in this study will involve one session that lasts one hour. The study will take place in the Computer Science department at the University of San Francisco.

POTENTIAL RISKS AND DISCOMFORTS:

We do not anticipate any risks or discomforts to you from participating in this research. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty.

BENEFITS:

You will receive no direct benefit from your participation in this study; however, information from this study may benefit other people now or in the future. Also, you may enjoy interacting with cutting edge software that detects human affect.

PRIVACY/CONFIDENTIALITY:

Any data you provide in this study will be kept confidential unless disclosure is required by law. In any report we publish, we will not include information that will make it possible to identify you or any individual participant. Specifically, all electronic data, including any video or physiological data, will be anonymized with randomized generators and encoded and kept indefinitely. Video data will normally not be kept, but it may be kept for offline analysis. Consent forms and questionnaires will be kept for 3 years in a locked cabinet in Professor Yuksel's office and then destroyed. There will be a master list that Professor Yuksel will have access to that includes your name and a code linking your name to the data.

COMPENSATION/PAYMENT FOR PARTICIPATION:

There is no payment or other form of compensation for your participation in this study.

VOLUNTARY NATURE OF THE STUDY:

Your participation is voluntary and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty or loss of benefits. In addition, the researcher has the right to withdraw you from participation in the study at any time. Nonparticipation or withdrawal from the study will not affect your grade or employment status.

OFFER TO ANSWER QUESTIONS:

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Professor Beste Yuksel at 415-422-4113 or byuksel@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

PARTICIPANT'S NAME

PARTICIPANT'S SIGNATURE

DATE
