

CONSENT TO PARTICIPATE IN RESEARCH

Visual perception for Wall displays

Information Sheet

Introduction, Purpose and Contact

We are researchers from the ILDA, Inria-LRI team, conducting an experiment on the perception of glyphs on large displays. If you have any complaints, questions, suggestions, or concerns about your participation, or to ask for a publication resulting from the study, you may contact:

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Procedure

A researcher will be present during the experiment. You will have to print this form, to sign it, and to fill the demographics questionnaire that is at the end of this form before coming to run the experiment.

The study is composed of several trials in which you will position in front of the wall display holding a tablet allowing to change the size of a glyph rendered in the wall and answer which type of glyph you are seeing on the screen. We will observe you as you perform your tasks. At the end, we will ask you some final questions about the tasks that you will answer using the tablet.

Given the COVID-19 pandemic, a strict sanitary protocol will be applied. This protocol is described in this form, below.

Duration

The maximum duration will be 60 minutes and will be conducted in one session. The duration includes a reasonable time needed to answer a demographic questionnaire and the final questionnaire. You will be free to take breaks if you need them.

Data collection and protection

We will store responses digitally in an anonymous way (no names or contact information, see below). Only this consent form (with the demographic questionnaire below) is not anonymous, and allows us to associate the anonymous collected digital data and your name. However, this consent form will be only accessible to the three researchers responsible of the project.

You will be assigned a unique identifier that is associated with all digital data. We will search all text responses for any identifiable information such as names, email addresses, IP addresses, or any ID numbers that are not part of the experiment. If any identifiable information is found, the text response will be deleted. If the research is successful and lead to a publication, after the text response is confirmed to have no identifiable information, the digital response data will be posted to an open-access repository or on a dedicated project web page. The demographic data will be available in the article but in their aggregated form.

You can ask to destroy your data at any time.

Benefits

There is no direct benefit to you from participating in this study and you will not receive

remuneration. Ultimately, we want this study to help us better understand the challenges of using large displays for visualization.

Risks and Discomforts

This study does not present any foreseeable risks in participating, beyond those experienced in daily life.

Participation in research is completely voluntary

You have the right to decline to participate or to withdraw at any point without providing a reason and without penalty or loss of benefits to which you are otherwise entitled.

CONSENT TO PARTICIPATE IN RESEARCH

Please read through and check that you have understood the following:

1. I have read and understood the Information Sheet provided. I have been given a full explanation by the researchers about the nature and likely duration of the study, and of what I will be expected to do.
2. I have been advised about any risks that might result to my health and well-being. I have been given the contact details of the researcher to ask questions about any aspect of the study and have understood the advice and information given as a result.
3. My participation in this study is voluntary. I understand that I will not be paid for my participation. I can withdraw from the study at any time, without penalty and without needing to justify my decision.
4. I understand that the identifier that can link my name and the data collected, necessary to delete my data in case I request it, will be stored in paper and only accessible to the 3 researchers of this study. I understand that this information will never be published in any way and that my confidentiality as a participant in this study will remain secure. I agree for my anonymized responses to be used in this study and published online for anyone to analyze and reuse.
5. I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation.
6. You may request to be given a copy of this consent form.

If you would like to take part in this research study, please check the box below, date and sign the _____ document:

Yes, I give consent to taking part in this research study

Date: _____

Signature: _____

Name: _____

Demographic Questionnaire

1. Participant ID:

2. What is your age:

3. What is your gender :

- Female
- Male
- Prefer not to say
- Other:

4. Do you have a vision deficit?

- No
- Yes

5. If you answer yes, what is the type of your vision deficit?

6. Are you using a vision correction for the study

- Glasses
- Contacts
- None

7. Do you have a color vision deficiency?

- No
- Yes

8. If you have a color deficiency, which type it is?