



# STUDY CONSENT FORM

Department of Computer Science  
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**Project Title:** Investigation of Tools and Techniques for Haptic Design Processes  
(UBC Ethics #H13-01620)

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The purpose of this study is to gather feedback to inform the design of haptic (sense of touch) design tools. We will ask you to talk about your experiences with haptic sensations, devices, and related technologies and training. We may ask you to interact with one or more haptic devices, such as vibrations or forces presented in smartphones, desktop force-feedback devices, or a small (hand-held or lap-sized) robot. We may also ask you to interact with a device for controlling these haptic devices, and ask you to create, manipulate, or describe haptic sensations or technology using the tool.

**REIMBURSEMENT:** We are very grateful for your participation. We will not provide any compensation beyond sharing the workshop materials with you.

**TIME COMMITMENT:** 1 × 3 hours session

**RISKS & BENEFITS:** This experiment contains no more risk than everyday computer use. There are no direct benefits to participants beyond compensation.

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

**AUDIO/VIDEO RELEASE:** *You may be asked for audio or video to be recorded during this session. You are free to say no without affecting your reimbursement.*

I agree to have AUDIO recorded: Yes No

I agree to have VIDEO recorded: Yes No

I agree to have ANONYMOUS VIDEO OR AUDIO EXCERPTS presented with the findings: Yes No

You understand that the experimenter will ANSWER ANY 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.

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

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_