Informed Consent to Participate in a Research Study
Study Title: *Action Dynamics*
Principal Investigator: Jennifer M. Roche

INTRODUCTION, PURPOSE, & BENEFITS

You are being invited to participate in a research study. This consent form will provide you with information on the research project, what you will need to do, and the associated risks and benefits of the research. Your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. This research project investigates the implicit aspects of the decision-making process regarding concepts, categories, and/or language. Upon completion of the experiment you will be informed of the current state of the literature and how your data will contribute, so that you can learn more about this area of behavioral research. This research may not directly benefit you, however, by including your resulting data, it will provide a valuable contribution toward our understanding of decision making, cognition, and language processing in general. The potential benefits you may experience in this study may include learning more about the cognitive processes associated with language. You will receive a copy of this document to take with you.

PROCEDURES

Before the experiment, you will be asked whether or not you have been diagnosed with any cognitive, hearing, speech, or vision impairments. Because this task crucially involves communication through the auditory and visual channels, individuals with cognitive, hearing and/or speech impairments, and/or non-corrected vision are not eligible to participate in the particular study. Prior to the experiment, you will be given specific instructions about what is required, including the exact duration of the task(s), in which you will provide behavioral responses during an interactive communication task. You will be presented with items and asked to make decisions about those items. Additionally, a computer program will control the experiment trials, so you could be providing your responses via an eye tracker, computer mouse and/or keyboard inputs during the experiment. The present experiment may also monitor your eye and/or computer-mouse movements while you listen to and carry out instructions presented over headphones or instructions given by another participating during the collaborative task.

RISKS & DISCOMFORTS

There is only minimal risk associated with this experiment, and should you decide, at any point during the course of the experiment that you are not comfortable proceeding, you do NOT have to continue participation. Fatigue is a main risk you will experience in the current study because we will collect many observations, which are necessary for a reliable measure of performance. In order to counteract this fatigue, there will be planned rest breaks over the course of the experiment (i.e., 1 rest break per every 15 minutes of interaction). Another common risk is associated with the infrared light used in the eye tracking system. Daily exposure to extremely high concentrations could eventually damage the eyes, but the infrared light emitted from the eye tracker has very low amperage and causes no damage to the eye. This kind of infrared eye tracking has been used for many years at many universities and no negative consequences have been reported. After about 20 minutes of wearing the device, some slight discomfort (no more than wearing a pair of corrective or sunglasses) may result at points where the glasses make contact with your head. To counteract this, we will provide you with scheduled rest breaks (1 rest for every 15 minutes of participation) and may also insert pieces of foam in the regions of pressure to alleviate any mild discomfort experienced. If at any time you would like a break (outside of the planned rest breaks), simply let the experimenter(s) know, and they will help you remove the eye-tracking hardware. Also, this task may be frustrating. If at any time you'd like to take a break, talk about the experiment, or stop the experiment, inform the researcher. If the researcher notices 3 cases of extreme frustration, she will ask you to stop. You will be fully compensated for the time you participated in the experiment. Lastly, if you are uncomfortable and wish to discontinue the experiment, inform the experimenter(s). As you are free to stop at any time for whatever reason, with no penalty to you. Should you end the study early, you will be fully compensated for the amount of time you participated in the experiment.

PRIVACY & CONFIDENTIALITY

Your study related information will be kept confidential within the limits of the law. Any identifying information collected will be kept in a secure location and only the researchers will have access to this data. Research participants will not be identified in any publication or presentation of research results; only aggregate data will be used. Your research information may, in certain circumstances, be disclosed to the Institutional Review Board (IRB), which oversees research at Kent State University, or to certain federal agencies. Confidentiality may not be maintained if you indicate that you may do harm to yourself or others. Your identity as a participant will remain confidential. Only investigators working within the laboratory will have access to the data you provide, which will not be saved with reference to your name. We expect the findings of this study will be published in a scientific journal; no information that identifies you by name will be released.

COMPENSATION

You will receive either $5 or .5 extra credit points (the extra credit applies only for those participating via Educational Psychology Sona Systems) for each half hour of experimental participation. You may refuse to participate and withdraw from the experiment at ***ANY*** time during with ***NO*** penalty to you. If you wish to stop, simply tell the researcher.

VOLUNTARY PARTICIPATION

Taking part in this research study is entirely up to you. You may choose not to participate, or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. You will be informed of any new, relevant information that may affect your health, welfare, or willingness to continue participation in this study, should it arise.

CONTACT INFORMATION

If you have any questions or concerns about this research, you may contact the Principal Investigator (Jennifer M. Roche) via email (jroche3@kent.edu) or by phone (330-672-0244). This project has been approved by the Kent State University Institutional Review Board. If you have any questions about your rights as a research participant or complaints about the research, you may call the IRB at 330-672-2704.

CONSENT STATEMENT AND SIGNATURE

I have read this consent form and understand the information that has been provided above. I have had the opportunity to have my questions answered to my satisfaction and understand the research and my rights as a participant. I voluntarily agree to participate in this study. I certify that I am at least 18 years of age and I understand that a copy of this consent will be provided to me for future reference.

Email Address: _____

___I want to receive emails about future studies ___I do not want to receive emails about future studies

_____ _____

Participant Signature Date