University of Southern California School of Cinematic Arts Interactive Media and Games Division 900 W 34th St., Suite 201U Los Angeles, CA 90089

INFORMED CONSENT FOR RESEARCH

SKYFARER Mixed Reality Rehabilitation Game

PURPOSE OF THE STUDY

In this research study, we seek to collect user feedback for an experimental new video game called *Skyfarer* and to evaluate its potential as rehabilitation device for individuals with a spinal cord injury.

This study is funded by the Craig H. Neilsen Foundation and conducted by Prof. Marientina Gotsis, MFA, faculty of the University of Southern California. Your participation is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. If you decide to participate, you will be asked to sign this form. You will be given a copy of this form.

As a participant of this study, you will be asked to experience this game seated in front of a video projection screen. You will also be asked to use resistance exercise bands and weights to complete a series of exercises guided by the game. The exercises are based on an exercise program that has been used to treat and prevent shoulder injury at Rancho Los Amigos. In this study you will use *Skyfarer* first-hand and be asked to provide feedback about the experience in order to inform future versions of the game.

STUDY PROCEDURES

The study will take place at the University of Southern California School of Cinematic Arts. The entire visit is estimated to take about 75 minutes. The agenda for the visit is as follows:

- Before the test session you will be asked to fill out a questionnaire with short questions on demographics, quality of life, technology usage, overall well being, and shoulder pain. This portion of the visit is expected to take around 15 minutes.
- During the test session you will be asked to use Skyfarer on your own with no intervention from the investigators apart from setup and assistance. This portion of the visit is expected to take around 15 minutes.
- After the test session, you will be asked to fill out a continuation of the first questionnaire with short questions about your overall enjoyment of Skyfarer and shoulder pain. This portion of the visit is expected to take around 10 minutes.
- Lastly, you will be asked to participate in a one-on-one interview about your experience. It will consist of open-ended questions regarding your observations, thoughts, and opinions during the game. Responses will be recorded by digital audio for later review. This portion of the visit is expected to take 15-30 minutes.

We may ask to audio/video tape and/or photograph the session. You can still participate if you do not wish to be photographed, audio or video recorded. You can specify at the end of this form how you want your media to be used.

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All records of your participation (i.e. registration forms, survey responses, audio recordings) will be kept confidential. Your identity will not be linked to the results.

POTENTIAL RISKS AND DISCOMFORTS

By taking part in this study, you may experience some exercise fatigue, shoulder pain, headache or nausea. You may also experience anxiety or embarrassment. There may also be risks involved from taking part in this study that are not known to researchers at this time.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

As a participant in this research study, there may be no direct benefit to you besides the opportunity to experience an experimental new technology. However, information from this study may benefit other people with similar injuries in the future. The anticipated results could be used to improve rehabilitation techniques for manual wheelchair users who have a spinal cord injury.

PAYMENT/COMPENSATION FOR PARTICIPATION

For taking part in this research study, you will be compensated for your time and inconvenience in the form of a \$25 Amazon.com gift card. The card will be given at the end of your visit. You will also be reimbursed up to \$12 for campus or off-campus parking if you bring a receipt.

POTENTIAL CONFLICTS OF INTEREST OF THE INVESTIGATOR

The University of Southern California may use this data to develop products that can be sold. If any money is made from these products, you will not receive any money.

CONFIDENTIALITY

We will keep your records for this study confidential as far as permitted by law. However, if we are required to do so by law, we will disclose confidential information about you. You may review audio/video recordings if you wish after study completion. All study personnel will have access to recordings, but only the investigator and the study coordinators who scheduled you will have access to your contact information and identity. This data may be kept indefinitely.

Data from the surveys will not be directly linked to your personal information. A code number will be assigned to your questionnaires. The file containing the code number and any of your contact information will not be stored together with your data.

Image and video data will not be labeled with your name, but they may be identifiable. At the end of this consent form you can specify how you want your images and videos to be used. Despite all efforts to prevent linking your identity with these images and videos, your identity could be revealed if these images and videos are captured.

Paper documents related to the study will be stored in a private office storage drawer in the principal investigator's office. Data on personnel computers will be encrypted. Personnel computers have encrypted hard drives and are password protected. After analysis, de-identified survey data and transcripts may be uploaded to an online storage facility for use by other researchers.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your decision whether or not to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation at any time without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

The PI may also choose to stop your participation in this study without your consent. If you have any reactions to the experience that are very serious, you may have to drop out, even if you would like to continue. The PI will make the decision and let you know if it is not possible for you to continue. The decision that is made is to protect your health and safety.

ALTERNATIVES TO PARTICIPATION

If you do not wish to participate in any procedures of the study you can let the study personnel know at any point. If you wish to skip using Skyfarer upon arrival, one of our study personnel can demonstrate it for you if you still wish to participate in the interview portion of the study.

INVESTIGATOR'S CONTACT INFORMATION

If you have any questions or concerns about the research, please feel free to contact the following members of the research team: *Marientina Gotsis MFA, Principal Investigator*, 900 W 34th St., SCI 201U, Los Angeles, CA 90089. Phone: (310) 760 7606. Email: gotsis@usc.edu

<u>RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION</u>

If you have questions, concerns, or complaints about your rights as a research participant or the research in general and are unable to contact the research team, or if you want to talk to someone independent of the research team, please contact the University Park Institutional Review Board (UPIRB), 3720 South Flower Street #301, Los Angeles, CA 90089-0702, (213) 821-5272 or upirb@usc.edu

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

AUDIO/VIDEO/PHOTOGRAPHS

□ *I* agree to be **photographed**

You may use my photograph the following way: □ research papers □ conferences □ teaching □ social media

 \Box I do not want to be photographed

□ *I* agree to be video-recorded

You may use my video the following way:□ research papers □ conferences □ teaching □ social media

 \square I do not want to be video-recorded

□ I agree to **be audio-recorded**

You may use my audio the following way: □ research papers □ conferences □ teaching □ social media

 \square I do not want to be audio-recorded

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this document and freely consents to participate.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

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