

CONSENT TO TAKE PART IN RESEARCH

Study title: **Designing sharing controls for smoking cessation application**

Principal Investigator: XXXX

You are being asked to take part in a research study. Taking part in research is voluntary.

What is the purpose of this study?

The purpose of the study is to understand your responses to sharing your information with a mobile application. The application provides support to people trying to quit smoking. This project aims to learn about the message elements that are effective in conveying information about benefits and risks of sharing information with the application, as well as people's responses towards the messages.

Will you benefit from taking part in this study?

You will not personally benefit from being in this research study. We hope to gather information that may help people in the future, especially people using mobile and web-based behavioral health applications.

What does this study involve?

Your participation in this study may last up to 30 minutes. We will first ask you to read this application and ask any questions you may have before agreeing to take part in the study. We will ask you to answer survey questions about yourself: your demographic information (age, gender, educational experience, profession), smoking behavior and quit attempt and mobile application and web usage. You will then read about a smoking cessation mobile application and view some messages about the benefits and risks of using the application. Read the messages carefully, as we will later ask your thoughts about information described in the messages. We will then ask a series of questions about your attitudes and preferences toward the application. You will not be required to use the mobile application, but we expect you to decide how you want to share 45 different types of information with the application service, based on your understanding of how the application works.

What are the options if you do not want to take part in this study?

You may decline to participate.

If you take part in this study, what activities will be done only for research purposes?

We will record your answers to the questions about you, and the questions about your attitude and preferences toward the displayed messages and the application. These data will only be used for the purposes of this research study.

What are the risks involved with being enrolled in this study?

All the collected information will be stored on a secure server, to which only the researchers have access. We may release aggregate statistics or non-identified comments outside the research team, but never in any way that would allow the recipient to identify you. The survey is being conducted with the help of Adobe Flash and this software is not affiliated with XXXX and with its own privacy and security policies that you can find at its website. We anticipate that your participation in this survey presents no greater risk than everyday use of the Internet.

Other important items you should know:

- **Leaving the study:** You may choose to stop taking part in this study at any time
- **Number of people in this study:** We expect XXXX people to enroll in this study.
- **Funding:** XXXX provides funding to XXXX for this research.

How will your privacy be protected?

The information collected as data for this study includes:

- a) Demographic information (age, gender, educational experience, profession), your experience with smartphones and websites
- b) Smoking behavior and quit attempts
- c) Your attitude towards the application
- d) Your choice on whether to share the 45 different information types with the application service

The data collected for this study will be maintained indefinitely. We also keep the information collected for this study secure and confidential. All the information collected during the study, including this consent form, will be stored on a secure server, accessible only to the research team. Your name will never be associated with your information; instead we will use codes for each participant. We are careful to protect the identities of the people in this study.

To understand the privacy protection offered by Amazon Mechanical Turk, view their policy here: <https://www.mturk.com/mturk/privacynotice>. XXXX is not associated with Amazon Mechanical Turk and is not responsible for any loss of privacy incurred through Amazon Mechanical Turk.

Will you be paid to take part in this study?

Yes. You will be paid XXXX for completing the survey.

Whom should you call with questions about this study?

If you have questions about this study or concerns about a research-related injury, you can call the research director for this study during normal business hours or contact one of the researchers. If you have questions, concerns, complaints, or suggestions about human research

at XXXX, you may call the Office of the Committee for the Protection of Human Subjects at XXXX (XXX) XXX-XXXX during normal business hours.

CONSENT

I have read the above information about **Categorization of information types for smoking cessation application** and have received answers to questions I asked. I consent to take part in the study. By completing the survey, I am agreeing to participate in the research.

Your Name Initials (printed) _____

Name of researcher _____ Date _____

This consent form will be kept by the researcher for at least five years beyond the end of the study.