

## SAMPLE INFORMED CONSENT FORM

You are invited to participate in a study of Serious Game User Interface prototyping. We hope to learn how to improve our design in terms of logical game flow and to optimize the use of screen shots, and buttons. You were selected as a possible participant in this study because you have shown interest in playing games, and eating a balanced healthy diet.

If you decide to participate, we will ask you to think out loud. You will use a pen as a mouse, when you would like to click on something please say the word click. Imagine your self playing the game without our presence, hence we can't answer any questions, on the same note we encourage you to ask us as many questions as you could, because it helps us evaluate the our design and show us your thinking process. It is not your fault if you can't complete a task, this is due to our design, so please move forward to the next task and explain how would you see this task incorporated in the logical flow of the game. You will be interviewed by 4 people one person will act as the interviewer and will be the main person to communicate with, one person will act as the computer, and two observers. The observers will be taking notes about your responses and your comments. This interview will not exceed forty five minutes.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions, please do not hesitate to contact us. If you have any additional questions later, please contact Michael Iskander Boulos at Michael.iskander@gmail.com who will be happy to answer them.

You will be offered a copy of this form to keep.

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You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without penalty or loss of benefits to which you may be entitled after signing this form should you choose to discontinue participation in this study.

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Signature      Date

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Signature of Parent/Legal Guardian (If necessary)      Date

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Signature of Witness (If appropriate)      Signature of Investigator