

**Consent Form 1. Version 2. 10/01/17.** For signature by *key respondents only*.

*HomeSense: digital sensors for social research*

**Name of Researchers:** Dr Krístrún Gunnarsdóttir & Dr Jie Jiang

<b>Please initial each box</b>	
I the undersigned voluntarily agree to take part as the key respondent in the research project "HomeSense: digital sensors for social research".	<input type="checkbox"/>
I have read and understood the Participant Information Sheet ( <b>Version 2. 05/01/17</b> ) provided. I have been given a full explanation by the researchers of the nature, purpose and duration of the trial, and of what I will be expected to do.	<input type="checkbox"/>
I have been given the opportunity to ask questions on all aspects of the trial and I have understood the advice and information given to me as a result.	<input type="checkbox"/>
I understand that I have the responsibility of overseeing the researchers' access to my household as explained in the Participant Information Sheet, on behalf of and in agreement with all other household members, visitors and house guests.	<input type="checkbox"/>
I understand that I am responsible for informing visitors and house guests about the trial, and make available to them information sheets and consent form to sign.	<input type="checkbox"/>
I understand that if a child is living with me, it is my responsibility to explain what is going on and, if of appropriate age, give the child the opportunity to assent.	<input type="checkbox"/>
I understand that I will be asked to confirm this consent or revoke it at a time when I and all other members of my household have participated in a hands-on demonstration at our residence of the technology used in this trial.	<input type="checkbox"/>
I understand that my taking part is voluntary; I can turn the sensors off at any time should I, a member of my household, visitors or house guests wish to do so.	<input type="checkbox"/>
I consent to wearing a wristband activity sensor during the trial, as explained in the Participant Information Sheet.	<input type="checkbox"/>
I am free to withdraw my household from the study at any time up until one month after the trial has ended, and I do not have to give my reasons for why I no longer wish to participate.	<input type="checkbox"/>
I understand that my personal details such as phone number and address will not be revealed to anyone apart from the fieldwork researchers, and that all personal data relating to participants is held and processed in the strictest confidence, in accordance with the Data Protection Act (1998).	<input type="checkbox"/>
I understand that the sensor-generated data will be anonymous. It will not be accessible to me, nor accessed and analysed by others than the project researchers.	<input type="checkbox"/>
I consent to my anonymized data from interviews, questionnaires and diary of time use, as outlined in the Participant Information Sheet, being used for this study and other related research projects.	<input type="checkbox"/>
I understand that other researchers will have access to the anonymous interview, questionnaire and diary, only if they agree to preserve the confidentiality of that data and they agree to the terms specified in the Participant Information Sheet.	<input type="checkbox"/>

I understand that other researchers may use my anonymised words in publications, reports, web pages and other research outputs according to the terms specified in the Participant Information Sheet.	<input type="checkbox"/>
I agree to assign the copyright I hold in any materials related to this project to the University of Surrey.	<input type="checkbox"/>
I acknowledge that in consideration for participating in the study, I shall receive the total sum of £100, divided over the course of the trial: In consideration for completing the first-stage interview and questionnaire, I shall receive the sum of £25; in consideration for completing the set up of fixed and mobile sensors, I shall receive £25; in consideration for completing the time use diary, I shall receive £25; in consideration for completing the trial and the final interview and questionnaire, I shall receive the sum of £25.	<input type="checkbox"/>
I acknowledge that upon the installation of fixed and mobile sensors, the wristband activity sensor is my own.	<input type="checkbox"/>
I acknowledge that if at any stage I withdraw from the study, the subsequent remaining stages of the trial will not be completed, nor compensated for.	<input type="checkbox"/>
I understand that I can request that all data are deleted if I withdraw from the trial.	<input type="checkbox"/>
I consent to allowing the researcher to make an audio recording of two interviews.	<input type="checkbox"/>
I consent to allowing the researcher to use anonymized verbatim quotes.	<input type="checkbox"/>
I consent to a copy of key research findings being sent to me via the email address I have provided.	<input type="checkbox"/>
I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.	<input type="checkbox"/>

Name of participant (BLOCK CAPITALS) \_\_\_\_\_

Signed \_\_\_\_\_ Signed (confirmed) \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Name of researcher/person taking consent (BLOCK CAPITALS)

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Consent Form 2. Version 2. 10/01/17.** For signature by members of household 16 years or older.  
(signed by under 16 only if parent/guardian decides their child(ren) are mature enough to consent)

*HomeSense: digital sensors for social research*

**Name of Researchers:** Dr Krístrún Gunnarsdóttir & Dr Jie Jiang

<b><u>Please initial each box</u></b>	
I the undersigned voluntarily agree to participate as a member of household, in the research project "HomeSense: digital sensors for social research".	<input type="checkbox"/>
I have read and understood the Participant Information Sheet ( <b>Version 2. 05/01/17</b> ) provided. I have been given a full explanation of the nature, purpose and duration of the study, and how my presence, activities and interactions in the household will be observed.	<input type="checkbox"/>
I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.	<input type="checkbox"/>
I understand that I will be asked to confirm this consent or revoke it at a time when I and all other members of my household have participated in a hands-on demonstration at our residence of the technology used in this trial.	<input type="checkbox"/>
I understand that my participation is voluntary; I am free to turn sensors off at any time (or request that of other household members), and I do not have to provide my reasons for why.	<input type="checkbox"/>
I have conferred on _____ the responsibility for overseeing the researchers' access to my household on behalf of and in agreement with me, and in communicating the decision to withdraw the household from the trial at any time up until one month after its completion.	<input type="checkbox"/>
I acknowledge that in consideration for my participation in the study, I shall receive the sum of £25 upon completion of the set up of fixed and mobile sensors.	<input type="checkbox"/>
I consent to wearing a wristband activity sensor during the study, as explained in the Participant Information Sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that consenting to wear the activity sensor is voluntary; I am free to withdraw my use of it at any time up until one month after the trial is over, and I do not have to give my reasons for why.	<input type="checkbox"/>
I acknowledge that consenting to wear the activity sensor as explained in the Participant Information Sheet, the sensor is my own in compensation.	<input type="checkbox"/>
I understand my personal details will not be revealed to anyone apart from the fieldwork researchers and that all personal data relating to participants in the study is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).	<input type="checkbox"/>
I understand that all sensor-generated data, as explained in the Participant Information Sheet, is anonymous.	<input type="checkbox"/>
I understand that the sensor-generated data will not be made available to me, nor accessed and analysed by others than the project researchers.	<input type="checkbox"/>

I agree to assign the copyright I hold in any materials related to this project to the University of Surrey.	<input type="checkbox"/>
I consent to a copy of key research findings being sent to me via the email address I have provided.	<input type="checkbox"/>
I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.	<input type="checkbox"/>

Name of participant (BLOCK CAPITALS) \_\_\_\_\_

Signed \_\_\_\_\_ Signed (confirmed) \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian (participant is under 16)  
(BLOCK CAPITALS) \_\_\_\_\_

Signed \_\_\_\_\_ Signed (confirmed) \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Name of researcher/person taking consent (BLOCK CAPITALS)

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Assent. Version 1. 24/01/17. For children of appropriate maturity to assent.**

**You should have help from your parent/guardian if you wish, to make sure you understand how to fill out this form yourself. You can also ask them to write for you exactly what you want to say about the sensors and what you think about using them in your home.**

**My name is (BLOCK CAPITALS):** \_\_\_\_\_

**I am \_\_\_\_ years old**

**This is my understanding of how the sensors work:**

**This is what I think about using the sensors in my home (this house):**

*Continue on the back of the page...*

*You can add more pages if you have more to say...*

<b>Please tick one of the boxes</b>	
I wrote this myself	<input type="checkbox"/>
My parent/guardian wrote this for me	<input type="checkbox"/>

My signature: \_\_\_\_\_

Name of parent/guardian (BLOCK CAPITALS) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name of researcher/person witnessing assent (BLOCK CAPITALS)  
(This should be the key respondent in case the child is a visitor / house guest)

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_