CONSENT FORM -

Study title: Gender Identity and Sexual Arousal

Researchers: Dr Gerulf Rieger, Luke Holmes, Jamie Raines **1.** I confirm that I have read and understand the Information Please initial box Sheet dated 12/06/2017 for the above study. I confirm that I have been given the opportunity to consider the information and have received satisfactory answers to any questions I asked. **2.** I agree to participate in an online survey that includes Please initial box questions about my sexuality and personality. Please initial box **3.** I agree to have my eye-movements monitored, using the camera and the infrared eye-tracking device. **4.** I agree to have my genital arousal assessed using the vaginal Please initial box probe. **5.** I consent to take part in a video-recorded interview during Please initial box which time I will answer general questions asked by the researcher. Please initial box **6.** I consent that future raters can watch footage of my videorecorded interview. Please initial box **7.** I consent to provide photos and videos of my childhood. Please initial box **8.** I consent that future raters can watch these photos and videos of my childhood.

Date: 19. 03. 2015

9.	I have read and understand the risks involved by taking part in this study. I confirm that I have no current vaginal discharge, bleeding, itching or pain and no known sexually transmitted infection or HIV/AIDS. I have no allergies to the disinfectants used in the study (isopropanol and orthophthalaldehyde) or nitrile gloves.	Please initial box
10	I have read and understand that the research team consists of psychologists but not of trained medical staff.	Please initial box
11	I give permission that all the data collected in this study can be backed-up by cloud server systems outside the European Economic Area (Qualtrics, Wuala).	Please initial box
12	I understand that at the end of this study, I have the option to express interest in whether I want to be informed about future research conducted by Gerulf Rieger, Luke Holmes, and Jamie Raines.	Please initial box
13	I understand that if I decide to seek psychological advice because of issues regarding my participation, that neither Dr Rieger, nor his team, nor the University of Essex will cover the costs of such service.	Please initial box
14	I consent that all information I agreed to share above can be kept for the purpose of this study for 10 years.	Please initial box
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In the following we use the terms "identifiable information" and "de-identifiable information."

- 1. Identifiable information is information that you provide and from which others can identify you. This includes your name, birth date, contact details, photos and videos. Unless you express interest in future research at the end of this study (see point 12), we will not keep your name, birth date or contact details. Below, you can consent if we can keep your photos and videos.
- 2. De-identifiable information is also information you provide but from which others cannot identify you because it is not linked to your name, birth date, contact details, photos and videos. This information includes your sexuality and other survey responses, your genital arousal and eye data, and ratings based on your videos and photos, all of which are linked to your Participant ID.

15. I consent that my photos and videos, which are part of my identifiable information, can be kept by the main investigators of this study (Luke Holmes, Jamie Raines and Gerulf Rieger).	Please initial box	Indefinitely: Please initial box
16. I understand that I may withdraw my consent to identifiable data being stored at any time. In this contact Dr Gerulf Rieger at gerulf@essex@ac.uk 620870, or Jamie Raines at jraine@essex.ac.uk a that my data will be deleted.	s case I will or 07938	itial box
17. I consent that de-identified information (information that excludes my name, birth date, contact details, photos and videos, but includes my sexuality and other survey responses, my genital arousal and eye data, and ratings based on my videos and photos) can be kept.		Indefinitely: Please initial box
18.I consent that de-identified information can be shared with other researchers or editors of research journals.		
19. I consent to take part in the study described in the Information Sheet.	he Please ini	itial box
Participant Name and Date (DD/MM/YYYY)	Participant Signature	
Researcher Name and Date (DD/MM/YYYY)	Researcher Signature	

Date: 19. 03. 2015