SCREENING SCRIPT

Eye Movements, Visual Perception and Attention

Hi, my name is [state your name]. This study is being conducted by Dr. Martina Poletti and Dr. Michele Rucci from the University of Rochester's Center for Visual Science. We are inviting you to take part in this study because you are an English speaker who is at least 18 years old and you have reported that you have no vision defects. In a few minutes, we will ask for your consent to perform a vision screening to ensure your eligibility. The purpose of this study is to understand the pattern of eye movements and attentional shifts performed by humans during the analysis of different visual stimuli. We are specifically interested in brain activity and small involuntary eye movements and the allocation of visual attention. This correlation of data will help us better understand the neural mechanisms underlying the human vision system.

If you decide to take part in this study, we will perform a visual acuity screening using a Snellen eye chart. This is a standard eye chart like the one used by ophthalmologists. We need to perform this test to ensure your eligibility for the study. You will be asked to stand at a certain distance from the eye chart and read the smallest line of letters that you can read. If you pass this screening, then you will be given a consent form to read and sign and we can proceed with the rest of the study. If your visual acuity is below average, you will not be asked to continue in the study.

We estimate that approximately 200 subjects will take part in this study. Your participation will last 3 to 20 visits, with most people averaging 5-10.

This study is minimal risk. All experiments in the study use a non-invasive eye-tracker to monitor eye movements; some experiments also use an EEG cap to monitor brain activity. If at any moment you do not feel comfortable, you are encouraged to take a break from the experiment. You may terminate your participation at any time with no penalty.

The University of Rochester is receiving payment from the NSF for conducting this research study.

You will be paid $10.00 per hour that you participate in this study. There will be no cost to you to participate in this study.

Does this sound like something you'd be willing to participate in?

- If yes, continue below.
- If no, thank them for their time.

Before you agree to participate, there are some additional things you should know about the study.

The University of Rochester will make every effort to keep the information collected from you private. In order to do so, we will assign you a random, unique number for identification purposes, which will be used in identifying your data files and in all reports, publications, and references to subjects. Sometimes, however, researchers need to share information that may identify you with people that work for the University, regulators or the study sponsor. If this does happen we will take precautions to protect the information you have provided. Results of the research may be presented at meetings or in publications, but your name will not be used.

Your participation in this study is completely voluntary. You are free not to participate or to withdraw at any time, for whatever reason. No matter what decision you make, there will be no penalty or loss of benefit to which you are entitled.

Participating in this study is not part of your University duties, and refusing will not affect your job, class standing, or grades at the University of Rochester. You will not be offered or receive any special consideration if you take part in this research.

Do you have any questions? Do you agree to participate in this study?

☐ Yes: Document oral consent below and continue with the screening.

☐ No: Thank them for their time.

Name of Subject:

_____

Person Obtaining Consent

I have read this form to the subject. An explanation of the research was given and questions from the subject were solicited and answered to the subject's satisfaction. In my judgment, the subject has demonstrated comprehension of the information. The subject has provided oral consent to participate in this study.

_____

Name and Title (Print)

_____ _____

Signature of Person Obtaining Consent Date