

THE CITY UNIVERSITY OF NEW YORK
York College
Department of Behavioral Sciences

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Research Study: *Bodily Self-Consciousness in Virtual Reality*

Principal Investigator: *Robert O. Duncan, Ph.D.*
Associate Professor of Behavioral Science

Research Sponsor: *The Research Foundation of the City University of New York*

You are being asked to participate in a research study because you have normal or corrected-to-normal vision and you are able to participate in interactive, computer-based experiences similar to video games.

Purpose:

When people are immersed in a book or a movie, they often report that they feel “present” at the location in the game world. The purpose of this research study is to identify how the brain supports the perception of presence in virtual reality.

Key Information:

- We are asking for your consent to participate in this research. Your participation is voluntary, and you may withdraw from the study at any time without penalty.
- In the first part of the study, participants will learn how to play a simple video game [REDACTED]. [REDACTED]. [REDACTED]. We will ask questions that are designed to measure your perception of presence during the game.
- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- There are no direct benefits to participating in this research. However, this research may explain how virtual reality technology may influence learning and behavioral training in a variety of fields including medicine and education.

Procedures:

If you volunteer to participate in this research study, we may ask you to do the following:

- *Part 1: Training sessions (Location: York College; Time: [REDACTED] 1-hour sessions)*
 - You will play a video game [REDACTED].
 - [REDACTED].
 - You will respond to questions to measure how immersed you are in the virtual world.
 - You will be able to take short breaks every 3-5 minutes.

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Potential Risks or Discomforts:

[REDACTED] - You will participate in training sessions [REDACTED]. You may experience minor back and neck fatigue associated with using a computer. [REDACTED].
Participants will be given breaks to mitigate back and neck strain. [REDACTED].
[REDACTED]. You will be frequently asked about your perception of presence in the virtual world. There are no known risks or discomfort associated with these questions.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

- [Redacted list item]

- [Redacted list item]

- [Redacted list item]

- [Redacted list item]

- [Redacted list item]

- [Redacted list item]

- [Redacted list item]

[Redacted text block]

[Redacted text block]

[REDACTED]

Potential Benefits:

You will not directly benefit from your participation in this research study. This research may provide an explanation for how the brain supports virtual reality, and the research may explain how this technology influences behavior in virtual worlds for a variety of fields including medicine and education.

Alternatives to Participation:

Volunteers from the York College Research Subjects Pool may participate in either part of the study if they choose. However, the MRI Training sessions are required before participating in the MRI Scanning sessions. Students from the research pool may also elect to not participate in this study. If you prefer not to participate, you may earn course credit via an alternate assignment listed on SONA, the web-based research subjects pool management system.

Payment for Participation:

[REDACTED] Volunteers from the York College Research Subjects Pool will receive the allotted number of credits listed on SONA if they complete [REDACTED] training sessions. [REDACTED]

New Information:

You will be notified about any new information regarding this study that may affect your willingness to participate in a timely manner.

Confidentiality:

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. We will disclose this information only with your permission or as required by law.

We will protect your confidentiality by de-identifying all data. Codes will be used to identify data in lieu of your name. Signed consent forms cannot be used to identify your data. All data will be stored separately from consent forms. Consent forms will be stored in a locked file cabinet in one location, and the data will be stored in a different location using encrypted hard drives on password-protected computers. The research team will be the only individuals with access to the data.

The research team, authorized CUNY staff, the CUNY Research Foundation, and government agencies that oversee this type of research may have access to research data and records in order to monitor the research. Research records provided to authorized, non-CUNY individuals will not contain identifiable information about you. Publications and/or presentations that result from this study will not identify you by name.

Participants' Rights:

- Your participation in this research study is entirely **voluntary**. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- If you are a CUNY student, your willingness to participate in this research study, or your request to withdraw from the research study, will not affect your grades or academic standing with CUNY.
- If you are a CUNY employee, your willingness to participate in this research study, or your request to withdraw from the research study, will not affect your employment with CUNY.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

Questions, Comments or Concerns:

If you have any questions, comments or concerns about the research, you can talk to one of the following researchers:

- *Robert O. Duncan, Ph.D., Associate Professor of Behavioral Science, rduncan@york.cuny.edu*
- *Evan A. Owens, Ph.D. Candidate, eowens@gradcenter.cuny.edu*

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918 or email HRPP@cuny.edu. Alternatively, you may write to:

CUNY Office of the Vice Chancellor for Research
Attn: Research Compliance Administrator
205 East 42nd Street
New York, NY 10017

Signature of Participant:

I wish to participate in the [REDACTED] Training Sessions **ONLY**.

[REDACTED]

On the checklist below, please indicate if you would permit the researchers to store and/or share your behavioral and MRI data for future research.

- I agree to allow my behavioral [REDACTED] data to be stored for future research by the researchers of this study.
- I agree to allow my behavioral [REDACTED] data to be shared with other researcher for future research.
- I do not agree to allow my behavioral [REDACTED] data to be stored or shared for future research.

On the checklist below, please indicate if you would permit the researchers to contact you in the future for participation in other research studies.

- I agree to allow the researchers to contact me for future research studies.
- I do not agree to allow the researchers to contact me for future research studies.

If you agree to participate in this research study, please sign and date below. You will be given a copy of this consent form to keep.

Printed Name of Participant

Signature of Participant

Date

Signature of Individual Obtaining Consent

Printed Name of Individual Obtaining Consent

Signature of Individual Obtaining Consent

Date