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CONSENT FORM (CF)

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Name of Principal Investigator/Supervisor (PI): Prof. Mark Billinghurst

Name of Student Researcher(s): Andreia Valente, Joshua Schaefer

To participate in this study, you will need to consent to the following items.

Items marked with * are optional authorizations. You will be able to participate in the study even if you do not agree to these items.

1. I have read the Participant Information Sheet (PIS) and have understood the nature of the research and why I have been selected.
2. I have had the opportunity to ask questions and have had them answered to my satisfaction.
3. I understand what is required of me if I agree to participate in the research.
4. I understand my participation is voluntary.
5. I understand that I may withdraw from this study at any time without consequences. Withdrawal of participation will also include withdrawing any information I have provided, should this remain possible.
6. I understand that the time needed for this study is 1 hour.
7. I understand I can withdraw any data traceable to me for up to 2 weeks without giving a reason.
8. I understand that my participation in this study is confidential and that no material that could identify me personally will be used in any reports on this study.
9. I understand that my heart activity will be recorded by electrocardiogram (ECG) sensors during the experiment.
10. I understand that my skin conductivity will be recorded by electrodermal activity (EDA) sensors during the experiment.
11. I understand that my gastric activity will be recorded by electrogastrography (EGG) electrodes during the experiment.
12. I understand that this study involves viewing emotionally evocative videos, including some graphic content.
13. I confirm that I do not have any known cardiac problems that could potentially affect my heart activity.

e.g., coronary artery disease (CAD), hypertension (high blood pressure), arrhythmias (e.g., atrial fibrillation), congestive heart failure (CHF), valvular heart disease (e.g., mitral valve prolapse), cardiomyopathy (disease of the heart muscle), myocardial infarction (heart attack), congenital heart defects, pericarditis (inflammation of the heart's outer lining).

14. *I confirm that I do not have any known gastrointestinal disorders that could affect gastric activity monitoring.*
e.g., gastroparesis, inflammatory bowel disease, gastroesophageal reflux disease (GERD), peptic ulcers, irritable bowel syndrome (IBS), Crohn's disease, or any condition requiring regular digestive medications.

15. I confirm that I have not taken any medication that could potentially affect my heart activity in the last month.
e.g., beta-blockers (e.g., Atenolol, Metoprolol), calcium channel blockers (e.g., Verapamil, Diltiazem), antiarrhythmic medications (e.g., Amiodarone, Flecainide), ACE inhibitors (e.g., Lisinopril, Enalapril), diuretics (e.g., Hydrochlorothiazide, Furosemide), anticoagulants (e.g., Warfarin, Rivaroxaban), statins (e.g., Atorvastatin, Simvastatin), non-steroidal anti-inflammatory drugs (NSAIDs), over-the-counter cold and cough medications (e.g., pseudoephedrine).

16. I confirm that I do not have any known allergic reactions to adhesive materials, metals (e.g., nickel, silver, silver chloride, or stainless steel), or latex.

17. I understand that data will be kept for 6 years and separate from the Consent Forms, after which they will be destroyed.

18. I ☐agree / ☐do not agree that information collected about me up to the point when I withdraw may continue to be processed if I decide to withdraw from the study *(please cross one)*. *

19. I consent to the research staff collecting and processing my information, including information about my health.

20. I ☐wish / ☐do not wish to receive the summary of findings *(please cross one)*. *

21. I know who to contact if I have any questions about the study in general.

Researcher responsible for this study:

Mark Billinghurst

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Researcher conducting this study:

Andreia Valente

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Auckland Bioengineering Institute
University of Auckland, New Zealand

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Name: _____

Signature: _____ **Date:** _____

Email: _____

(if you require a summary of the findings)