Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: _Evaluation of Smartphone-based method in Household Travel Survey_____

Investigator: ___Qian Wang______, University of North Texas (UNT) Department of Computer Science and Engineering___. Supervising Investigator: _____Yan_Huang______.

Purpose of the Study: You are being asked to participate in a research study “Evaluation of Smartphone-based method in Household Travel Survey”. From this study, we want to evaluate whether the smartphone-based data collection method is able to improve data accuracy, reduce the survey cost, and lower burden on participants and surveyors.

Study Procedures: You will be asked to record any trips you make, and answer the questions about household information, personal information, vehicle information, and trip information through our smartphone app. The questions contain personally identifiable information such as telephone number as well as current and previous home addresses. It will take about 30 minutes of your time. Before you can participate in the survey, you must register through our app to provide your basic contact information and consent to our survey conditions. You are encouraged to continue collecting trip data afterwards.

Foreseeable Risks: There are no foreseeable risks involved in this study. Please do not operate your smartphone during driving.

Benefits to the Subjects or Others: We hope to learn more about the smartphone-based data collection method used in a typical household travel survey. This approach can improve the data collection precision and reduce the cost in time and labor, which is helpful for transportation planners and policy makers who need comprehensive data on travel and transportation patterns in the United States.

Compensation for Participants: If you record your trips, complete and submit profile and trip data before Sep. 24th 2014, the survey data is reasonable to be evaluated, and you join the semi-structured interview after you submit the data, you have the chance to receive $15 monetary compensation, to be awarded to 30 random individuals.

Procedures for Maintaining Confidentiality of Research Records: Please complete the registration and read the Informed Consent Form before you start the survey in the app. All of the data from the survey is collected purely for research purposes. Only the researchers in this study can access the survey data information. The data will be stored in a password protected database behind the firewall of UNT.

Questions about the Study: If you have any questions about the study, you may contact Email: imkd.smartphoneHTS@gmail.com
Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Rights:
Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

• (Qian Wang) has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.

• You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.

• You understand why the study is being conducted and how it will be performed.

• You understand your rights as a research participant and you voluntarily consent to participate in this study.

• You have been told you will receive a copy of this form.

________________________________
Printed Name of Participant

________________________________                                ____________
Signature of Participant                                   Date

For the Student Investigator or Designee:
I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

________________________________
Signature of Student Investigator                                 Date