

# Carnegie Mellon University

## Institutional Review Board

Federalwide Assurance No: FWA00004206

IRB Registration No: IRB00000603

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### Certification of IRB Approval

**IRB Protocol Number:** HS10-030  
**Title:** Understanding the User Experience of DIY Reusing, Redesigning, and Remanufacturing of Domestic E-waste  
**Investigator(s):** Sunyoung Kim, Eric Paulos  
**Department(s):** HCII  
**Date:** **January 29, 2010**

Carnegie Mellon University Institutional Review Board (IRB) reviewed the above referenced research protocol in accordance with the requirements of Public Law 99-158 as implemented by 45 CFR 46 and CMU's Federalwide Assurance. The research protocol has been given **APPROVAL by Expedited Review on January 29, 2010. This APPROVAL expires on January 28, 2011** one year from the approval date, unless suspended or terminated earlier by action of the IRB.

All untoward or adverse events occurring in the course of the protocol must be reported to the IRB within three (3) working days. Any additional modifications to this research protocol or advertising materials pertaining to the study must be submitted for review prior to their being enacted. Please refer to the above-referenced protocol number in all correspondence.

Federal regulations require that all records relating to this research protocol be maintained for **at least three (3) years after completion** of the research, and be accessible for inspection and copying by authorized representatives at reasonable times and in a reasonable manner.

The Investigator(s) listed above in conducting this protocol agree(s) to follow the recommendations of the IRB and the Office of the Provost of any conditions to or changes in procedure subsequent to this review. In undertaking the execution of the protocol, the investigator(s) further agree(s) to abide by all CMU research policies including, but not limited to the policies on responsible conduct research and conflict of interest.

The IRB maintains ongoing review of all projects involving humans or human materials, and at continuing intervals, projects will require update until completion. At the end of the current approval, a progress report and current consent form must be submitted to the IRB summarizing progress on the protocol during that period. Please be advised that the progress report requests information pertaining to women and minorities; therefore, this information should be tracked with your participants' data. The Public Health Service (PHS) has guidelines for the inclusion of women and minorities as research participants. These guidelines require that women and minorities be represented in research, and if not, justification as their exclusion. Listed below are the racial categories of participant to be reported as defined by PHS:

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please call the Research Regulatory Compliance Office at 8-5460 if you should have any questions regarding this certification. Thank you.



David Danks, Ph.D., Chair, IRB

## Consent Form for Participation in Research

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**Study Title:** Understudying the user experience of DIY reusing, redesigning, and remanufacturing of domestic e-waste

**Principal Investigator:** Sunyoung Kim  
Ph.D Student  
Human Computer Interaction Institute  
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**Faculty Advisor:** Eric Paulos, Assistant professor

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### **Purpose of this Study**

The purpose of the study is to understand how people reuse, redesign, or remanufacture obsolete domestic electronics for other purposes DYI than originally designed.

### **Procedures**

Participants will be asked to take pictures of their obsolete electronics that are currently either reused as is, redesigned for alternative use, or completely remanufactured in their homes. And, they will be asked to send all the pictures taken to the principal investigator electronically.

These pictures should not contain images of people, or of sensitive or private items. Participants should ensure that pictures are suitable for public viewing, and double-check that nothing is accidentally captured which could be potentially damaging.

The pictures will be examined, and some participants will be selected for the interview session. If one is selected for the interview, investigators in this study will be visiting their homes for the interview, First, participants will be asked to show the real objects in the pictures, and to explain their stories about those objects. The entire interview will be audio recorded. The principal investigator and her faculty advisor will be given access to the recordings. The expected duration of the interview will be an hour.

### **Participant Requirements**

Participants have to be between 18 and 65 years old who own their own digital camera.

### **Risks**

The risks and discomfort associated with participation in this study are no greater than those ordinarily encountered or during communicating with others in daily life.

## Consent Form for Participation in Research

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### Benefits

There may be no personal benefit from your participation in the study but the knowledge received may be of value to humanity.

### Compensation & Costs

Participants will be paid 50¢ per picture in gift card. If participants are selected for the interview, they will be paid additional \$10 for their participation of this study. Half of the full compensation, \$5, for the study will be paid if a participant decides to drop out of the interview without completion.

There will be no cost to you if you participate in this study.

### Confidentiality

By participating in the study, you understand and agree that Carnegie Mellon may be required to disclose your consent form, data and other personally identifiable information as required by law, regulation, subpoena or court order. Otherwise, your confidentiality will be maintained in the following manner:

Your data and consent form will be kept separate. Your consent form will be stored in a locked location on Carnegie Mellon property and will not be disclosed to third parties. By participating, you understand and agree that the data and information gathered during this study may be used by Carnegie Mellon and published and/or disclosed by Carnegie Mellon to others outside of Carnegie Mellon. However, your name, address, contact information and other direct personal identifiers in your consent form will not be mentioned in any such publication or dissemination of the research data and/or results by Carnegie Mellon.

The researchers will take the following steps to protect participants' identities during this study: (1) Each participant will be assigned a number; (2) The researchers will audio and video record the interview session by assigned number, not by name; (3) Any comments which participants' identities are identifiable from the audio records will be anonymized, and any scene which participants' identities are identifiable from the video records will be cut; (4) Original recordings and interview files will be stored in a secured location accessed only by authorized researchers.

There will be no conflict of interest in this work.

### Optional Permission

I understand that the researchers may want to use a short portion of any video or audio recording for illustrative reasons in presentations of this work for scientific or educational purposes. I give my permission to do so provided that my name and face will not appear.

YES  NO (Please initial here \_\_\_\_\_)

## Consent Form for Participation in Research

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### Rights

Your participation is voluntary. You are free to stop your participation at any point. Refusal to participate or withdrawal of your consent or discontinued participation in the study will not result in any penalty or loss of benefits or rights to which you might otherwise be entitled. The Principal Investigator may at his/her discretion remove you from the study for any of a number of reasons. In such an event, you will not suffer any penalty or loss of benefits or rights which you might otherwise be entitled.

### Right to Ask Questions & Contact Information

If you have any questions about this study, you should feel free to ask them now. If you have questions later, desire additional information, or wish to withdraw your participation please contact the Principle Investigator by mail, phone or e-mail in accordance with the contact information listed on the first page of this consent.

If you have questions pertaining to your rights as a research participant; or to report objections to this study, you should contact the Research Regulatory Compliance Office at Carnegie Mellon University. Email: [irb-review@andrew.cmu.edu](mailto:irb-review@andrew.cmu.edu) . Phone: 412-268-1901 or 412-268-5460.

### Voluntary Consent

By signing below, you agree that the above information has been explained to you and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By signing this form, you agree to participate in this research study.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

I certify that I have explained the nature and purpose of this research study to the above individual and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individual has about this study have been answered and any future questions will be answered as they arise.

\_\_\_\_\_  
SIGNATURE OF PERSON OBTAINING CONSENT

\_\_\_\_\_  
DATE