

Columbia University Morningside Consent Form

Attached to Protocol: IRB-AAAJ5512

**Principal Investigator: Julia Bell Hirschberg
(jbh2019)**

IRB Protocol Title: Identifying Deceptive Speech Across Cultures

Consent Number: CF-AAAQ7417

Participation Duration: 1-2 hours

Anticipated Number of Subjects: 150

Contact

<u>Contact</u>	<u>Title</u>	<u>Contact Type</u>	<u>Numbers</u>
Julia Bell Hirschberg		Principal Investigator	Telephone: 212-939-7114
			Cell: 917-319-0329

Research Purpose

We are studying how people behave when they are lying as opposed to when they are telling the truth.

Information on Research

The details of the experimental procedure will be presented to you before the experiment begins. However, the following also describes the general procedure: You will be asked to participate in an interview with another person which will be recorded. During the interview you will be asked to lie about certain facts about yourself, e.g. your birth place. You may decide what lie to provide. The interviewer will try to determine when you are lying and when you are telling the truth. After the interview, you and the interviewer will change roles. The experiment will take about 2 hours to complete, unless the experimenter notifies you otherwise in advance.

Compensation

You will be paid at a rate of \$12/hour during the time you are participating in the study. This payment will be given to you at the completion of the laboratory session, or at the time you choose to withdraw from the study, should you choose to do so. You will also be given additional compensation based upon how well you are a) able to fool the interviewer, when you are being interviewed, and b) able to judge whether an interviewee is lying, when you are the interviewer.

Risks

No Foreseeable Risk

To the best of our knowledge, taking part in this study will not hurt you.

Confidentiality

Confidentiality Protection

Any information collected during this study that can identify you by name will be kept confidential. We will do everything we can to keep your data secure, however, complete confidentiality cannot be promised. Despite all of our efforts, unanticipated problems, such as a stolen computer may occur, although it is highly unlikely.

Your questionnaire responses will be assigned a code number, and separated from your name or any other information that could identify you. Any research file that links your name to the code number will be kept in a locked file cabinet and only the investigator and study staff will have access to the file.

The following individuals and/or agencies will be able to look at and copy your research records:

- The investigator and study staff who may be evaluating the study
- Authorities from Columbia University including the Institutional Review Board ('IRB')
- The Office of Human Research Protections ('OHRP')
- The Queens College HRPP office.
- The Air Force Office of Scientific Research ('AFOSR') which is funding the research

Voluntary Participation

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Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Additional Information _____

Questions

If you have any questions or are hurt while taking part in this research study, you should contact Julia Hirschberg, julia@cs.columbia.edu, 212-939-7114, Schapiro/CEPSR 705.

If you have any questions about your rights as a research subject, you should contact the Institutional Review Board by phone at (212) 851-7040 or by email at askirb@columbia.edu.

More information about taking part in a research study can be found on the IRB website at <http://www.columbia.edu/cu/irb>

You may also contact co-investigator Andrew Rosenberg, andrew@cs.qc.cuny.edu, 718-997-3562 at Queens College, CUNY.

Statement of Consent

I have read the consent form and talked about this research study, including the purpose, procedures, risks, benefits and alternatives with the researcher. Any questions I had were answered to my satisfaction. I am aware that by signing below, I am agreeing to take part in this research study and that I can stop being in the study at any time. I am not waiving (giving up) any of my legal rights by signing this consent form. I will be given a copy of this consent form to keep for my records.

Benefits _____

No direct benefit

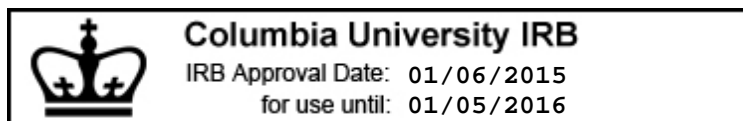
You will not receive personal (direct) benefit from taking part in this research study. However, the information collected from this research may help us understand human behavior better.

Signature

Study Coordinator

Print Name _____ Signature _____ Date _____

Study Subject



Print Name _____ Signature _____ Date _____