

**Human Subject Consent Form: Subjects With Dysarthria**  
**“Audiovisual Based Recognition of Dysarthric Speech”**  
**for Subjects Participating at UW-Madison**

You are invited to take part in a University of Illinois research study. The study looks at how speech and lip movements of people with Dysarthric speech can be used in automatic speech recognition.

The researchers in this study are:

- (1) Mark Hasegawa-Johnson and Thomas Huang, professors in the Department of Electrical and Computer Engineering, UIUC.
- (2) Adrienne Perlman, a professor in the Department of Speech and Hearing Sciences, UIUC.
- (3) Jon Gunderson, the Coordinator of Assistive Communication and Information Technology, Division of Disability Resources and Education Services, UIUC.
- (4) Mary Sesto, Assistant Professor, Trace R&D Center, UW-Madison.

The researcher is primarily being conducted at the University of Illinois at Urbana-Champaign in collaboration with the Trace Center at the University of Wisconsin – Madison. We are collecting speech samples and video of lip movements from people with dysarthric speech from selected sites within the Midwest. These sites include University of Wisconsin at Madison, University of Illinois at Urbana-Champaign and University of Illinois at Chicago. If you take part in this study we will record your speech and lip movements as you read words on a computer screen. Our goal is to use the recordings to build an automatic speech recognition system. This system will be designed for speakers with dysarthria. We will conduct the recordings at the Trace Center in the Engineering Centers Building on the UW-Madison campus. The Engineering Centers Building is north of the football stadium and practice fields.

**Compensation for Participation**

If you take part, we will video- and audio-record you while you read words from a personal computer. The recording session may last up to 2 hours. You will be paid \$50 for finishing the entire recording session. In some situations, the researcher or the participant may cancel the session before it is finished. In this case, you will be paid \$20/hour for the time that you actually participated. If you need to travel more than 10 miles to participate, we will pay for your travel expenses at a rate of \$0.44/mile. In addition, we will pay for any parking expenses for the duration of the recording session.

**Use of Speech Recordings**

You will only be recorded while reading the words on the screen. Extra comments or conversation will be deleted from the recording. They will not be part of the analysis, publication, or distribution of the data. Signing this form means you are agreeing to two parts of the study. First, you agree to have video and audio recordings of your voice and face be kept on a password-protected computer at the University of Illinois at Urbana-Champaign. Secondly, you agree to let the recordings be used for the making and testing of speech recognition software. You can withdraw your consent at any time in the future. If you withdraw your consent, we will destroy all recordings of you that we still have at the University of Illinois.

**University of Wisconsin-Madison**  
FWA00005399

Protocol: SE-2007-0013  
Approved: 1/4/2008  
Expires: 1/3/2009

## **Consent to Allow Data to be Shared with other Researchers (Optional)**

You may also give your consent for two other uses of your recordings. First, you may allow us to play video and/or audio recordings of you at professional conferences. Second, you may allow us to give an electronic copy (i.e. CD-ROM/DVD) or electronic transfer of video and/or audio recordings of you to interested researchers at other universities. By writing your initials in the appropriate boxes below you can agree to these uses. If you are not comfortable having your recordings used outside the University of Illinois, then you should not give us permission to do so. Your recordings are valuable and important to our research at the University of Illinois, even if you do not allow them to be used at other sites.

## **Limited Risk in Participation**

There are no known risks in this study except:

- (1) The risk that you may not want your recordings to be given to researchers outside the University of Illinois, and the
- (2) The risk that you may get tired during the recording session.

The study tries to reduce both of these risks by giving you complete control over the recording session, and over the way your recordings are used. During the session, you may want to take a break to get a drink, walk around, or just rest. You may do so at any time and for any reason. You will also be able to re-read any of the words whenever you need to. Except for payment, there is no specific benefit to you for taking part in this study. The University of Illinois and University of Wisconsin do not offer medical or hospitalization insurance coverage to those in the study. The University of Illinois and the University of Wisconsin will not pay for any injury that occurs from participation in this study, except as required by law. This study may benefit society by making better software for automatic audiovisual speech recognition. After the study is finished, a summary of the results will be given to all participants upon request.

## **Privacy and Confidentiality**

Any information that is obtained and that can identify you will be kept confidential. Also, this information will only be given to others with your permission. All transcripts made from the video recordings will refer to you with a coded subject number. This means that no identifying information other than your image will be on the video recording. All cassettes will be kept in a locked file cabinet. The digitized video files will be stored on a password-protected computer at the University of Illinois.

## **Rights to Accept, Decline and Withdraw from Study**

Your decision to participate, decline, or withdraw from participation will not affect your grades at the University of Illinois or University of Wisconsin. Nor will it affect your status at, or future relations with these universities. You are not obligated to take part in the study.

You are free to:

- a) Stop participation in the study at any time.
- b) Ask for the video recorder be turned off at any time.
- c) Ask that a recorded session be destroyed and excluded from the study.

## Questions and Contacts

If you have any questions at this time, please ask the researchers. If you have any additional questions later, we will be happy to answer them.

Dr. Hasegawa-Johnson  
University of Illinois in Urbana/Champaign  
Beckman Institute, Room 2011  
405 N Mathews  
Urbana, Illinois 61801

Phone: (800) 494-8165,  
E-mail: [jhasegaw@uiuc.edu](mailto:jhasegaw@uiuc.edu)

or

Dr. Mary Sesto  
Trace Research and Development Center  
Department of Biomedical Engineering  
University of Wisconsin at Madison  
1550 Engineering Drive  
Madison, WI 53706

Phone: (608) 263-5697  
E-mail: [msesto@wisc.edu](mailto:msesto@wisc.edu)

If you have questions about your rights as a research subject you should contact:

Social & Behavioral Science IRB  
Phone: (608) 263-2320  
E-mail: [DCJahnke@LS.Admin.wisc.edu](mailto:DCJahnke@LS.Admin.wisc.edu).

## Authorization

You are making a decision whether or not to volunteer. You must be at least 18 years old to sign this form and to take part in this research. Your signature means that you have read and understood the information provided above and have decided to participate. You may withdraw at any time after signing this form. You may keep the attached participant's copy of this form.

If you would like to be contacted in the future for other research projects at Trace, please sign the attached consent form on the last page.

I, \_\_\_\_\_, have read the information in this consent form. I voluntarily agree to participate in this study. My signature also means that I have been given a copy of this consent form.

\_\_\_\_\_  
Signature of Research Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

## Permission To Use Audio Recordings or Videotapes

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Please put your initials next to Yes or No in response to each statement:

The researchers may use parts of the **audio** recordings for **professional meetings and publications**. Any mention of my name or location will be changed.

\_\_\_\_\_ Initials Yes

\_\_\_\_\_ Initials No

The researchers may use parts of the **video** recordings for **professional meetings and publications**. Any mention of my name or location will be changed.

\_\_\_\_\_ Initials Yes

\_\_\_\_\_ Initials No

The researchers may **send a CDROM or DVDROM** with **audio** recordings to researchers at other laboratories or universities who request a copy. Any mention of my name or location will be changed.

\_\_\_\_\_ Initials Yes

\_\_\_\_\_ Initials No

The researchers may **send a CDROM or DVDROM** with **video** recordings to researchers at other laboratories or universities who request a copy. Any mention of my name or location will be changed.

\_\_\_\_\_ Initials Yes

\_\_\_\_\_ Initials No

**Permission to be contacted for other studies**

*Check one :*

**I GIVE PERMISSION TO BE CONTACTED** by the Trace Center in the future to discuss any aspect of today's test or to be invited to participate in another user test.

I would prefer **NOT TO BE CONTACTED** by the Trace Center in the future.

\_\_\_\_\_  
Signature of Research Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

Copy to participant

Copy to File

Trace R&D Center  
1550 Engineering Drive  
Madison, WI 53706  
[info@trace.wisc.edu](mailto:info@trace.wisc.edu)  
608-262-6966

**University of Wisconsin-Madison**  
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