

**Attachment #2:**  
**Part 1: Beta Testing**

Screening Script  
Instructions and Survey  
Receipt of Incentive

PRIVACY ACT NOTIFICATION STATEMENT

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept in private under the Privacy Act. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and report as summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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WIRB 20111501  
#9264739.0

**Beta Testing**  
**Screening Script**

*This subject population will consist of ten individuals who are 18 or older, proficient in English, and own a smartphone that is compatible with Solar Cell.*

Thank you for calling about the research study. The purpose of the *Solar Cell* study is to design a smart phone application, which uses smart phone technology to aid users in protecting their skin from damaging ultraviolet radiation (UV) in sunlight, a primary cause of skin cancer.

To see if you might qualify for this study, I need to ask you some questions. You do not have to answer any questions you do not want to answer. If you do not qualify for this study, the information you give me will be destroyed immediately.

**Screening Questions:**

1. Are you 18 years of age or older?
  - a. Yes (Continue)
  - b. No (Thank you for your time)
  
2. How well do you read and speak English?
  - a. Very well (Continue)
  - b. Well (Continue)
  - c. Not well (Thank you for your time)
  
3. Do you have an Android or iPhone with a data plan? Or a phone that runs Droid or iPhone operating systems?
  - a. Yes (Continue) List which phone participant has \_\_\_\_\_
  - b. No (Thank you for your time)
  
4. Have you ever downloaded an application to your smartphone? An application is a small program that can be loaded onto a smart phone that performs a task or function such as a game, mapping an address, calculating your body mass index, calculating a car loan payment, and sharing recipes.
  - a. Yes (Continue)

- b. No (Thank you for your time)
5. How long have you been using your smartphone and data plan?
    - a. Less than six months (Continue)
    - b. Six months to one year (Continue)
    - c. One to five years (Continue)
    - d. More than five years (Continue)
  6. How comfortable are you using applications on your smartphone?
    - a. Very comfortable, I use a variety of applications all the time (Continue)
    - b. Somewhat comfortable, I use some applications (Continue)
    - c. I'm still learning, I have only used one or two applications (Continue)
    - d. Uncomfortable, I don't use any applications (Thank you for your time)
  7. Would you be willing to download an application to your smartphone and test it?
    - a. Yes
    - b. No (Thank you for your time)

*IF THEY DO NOT MEET ELIGIBILITY CRITERIA:*

I'm sorry but we already have enough people with your characteristics for our cognitive interviews, so we do not need to meet with you. The information you provided to us will not be saved. Thank you for your interest in our research study. <Politely end the call>

*IF THEY MEET ELIGIBILITY CRITERIA:*

Great! You are eligible to participate in the study! We have several possible dates for the interview. Can you let me know which times work best for you from the following schedule?

Days Monday - Friday \_\_\_\_\_  
 Evenings Monday - Friday \_\_\_\_\_  
 Weekend Mornings \_\_\_\_\_  
 Weekend Afternoons \_\_\_\_\_

Participant Contact Information:

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Tester ID: \_\_\_\_\_

OMB No.: 0925-0642-04  
Expiration Date: 9/30/2014

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#### NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address.

## **Beta Testing** **Instructions and Survey**

### Install Solar Cell Application

- Go to <http://solarcell.kleinbuendel.com> on your mobile browser.
- Solar Cell will automatically download and ask you if you want to install it, say "OK".
- The application is now installed on your phone. You may drag a shortcut to your home screen if you wish.

### Explore Solar Cell

- Take 20 minutes to explore the Solar Cell application.
- Use it as if you were using it on a regular summer day.
- Try to find all of the features of Solar Cell and use them in a variety of ways.
- Ask study staff if you have any questions.
- Complete the Issue Tracker form if you run into any bugs, glitches or problems.

### Complete Specific Tasks

If you have not already, be sure you complete the following tasks with Solar Cell:

- Set up multiple profiles and run them at the same time. Switch between profiles.
- Adjust the UV Index.
- Tell Solar Cell you use medications that make you sensitive to the sun.
- Use the Planner.
- Reapply sunscreen for multiple profiles running at once.
- Edit at least one profile.
- Complete the Issue Tracker form if you run into any bugs, glitches or problems.

### Complete The Survey

Thank you for your help. Please complete the Beta Testing Survey.



Tester ID: \_\_\_\_\_

## Issue Tracker

*Describe in detail what happened.*

Please be as specific as possible. Basically, tell us what steps we need to take to recreate the issue, what you expected to happen versus what actually happened

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*Where did you find it?*

Description of location (what area of the application were you when the issue occurred)

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*After the issue occurred were you able to continue using the application?*

Yes / No

Other: \_\_\_\_\_  
\_\_\_\_\_

*Phone Model:* \_\_\_\_\_

*Wireless Carrier:* \_\_\_\_\_

<b>[For internal use only]</b>
Assign to: _____
Severity: (1 = minor technical flaw. 5 = critical failure)
1 2 3 4 5
Fixed? Yes / No

Tester ID: \_\_\_\_\_

**Beta Testing**  
**Survey**

1. How did Solar Cell compare to other apps you use often:
  - a. Better
  - b. About the Same
  - c. Worse
  - d. Don't Know
  
2. How confident are you that Solar Cell would give you accurate advice?
  - a. Very Confident
  - b. Somewhat Confident
  - c. Neutral
  - d. Unconfident
  - e. Very unconfident
  
3. How user-friendly do you think Solar Cell is?
  - a. Very User-Friendly
  - b. Somewhat User-Friendly
  - c. Neutral
  - d. Not User-Friendly
  - e. Unusable
  
4. What do you think of the quality of programming in Solar Cell?
  - a. High quality
  - b. Medium quality
  - c. Low quality

5. Do you have any suggestions for us to improve Solar Cell?

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6. What (if anything) did you learn about sun protection from Solar Cell?

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Tester ID: \_\_\_\_\_

7. How often would you use Solar Cell?
  - a. Daily
  - b. Weekly
  - c. Monthly
  - d. Once or Twice
  - e. Never
  
8. Would you recommend Solar Cell to other people?
  - a. Yes
  - b. No



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RECEIPT FORM

Date

I understand I will receive \$40 from Klein Buendel, Inc., as a thank you for my time and input in the Solar Cell Beta Testing held on \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature