Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 21xx-xxx. The information collected in this study will be used to create a database of vehicle occupant body size, shape, and posture. The data will be used to improve vehicle safety. Public reporting for this collection of information is estimated to be approximately **10 minutes**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary; all responses will be de-identified and confidential, per 45 CFR part 46. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Room W45-205, Washington, DC, 20590.

This is the end of this page. The respondent next touches or clicks the button "Next Page >>".

CONSENT FOR ELIGIBILITY

Thank you for your interest in our study to understand the effects of voice command interfaces (VCIs). To complete the online eligibility questionnaire for this study, you must be 18 years old or older.

Are you 18 or older? *** must provide value**

☐ Yes

☐ No

This is the end of this page. The respondent next touches or clicks the button "Next Page >>". The back button is disabled for this question so that a respondent cannot change their response to this eligibility question. If the response to the question was "No", the respondent is directed to the ***INELIGIBILE*** page, and their information is not collected. *If the response to the question was "Yes", the respondent is directed to the Privacy Notice and PRA statement and eligibility consent page as shown below.*

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1. PRIVACY NOTICE

PLEASE READ THE FOLLOWING CAREFULLY. In compliance with California law, we want to advise you of the information we collect in connection with your research participation with Dynamic Research, Inc. (DRI or "the Company"), and how we use that information. The categories of information we collect may include:

- Personal identification information, including name, mailing address, Social Security number, Tax Identification Number and driver's license.

- Personal characteristics, including health information, disabilities, and current health condition.
- Demographic information including age, sex, race/ethnicity, household income, education, and licenses or permits you hold.
- Biometric Information: Eye tracking and heart rate data.
- Behavioral Information: Data related to driving performance and behavior.
- Any other information that you voluntarily provide or necessary for the research activity as described in the consent form.

We will use the information you submit in the following ways:

- To evaluate your application to participate in the study.
- To confirm the accuracy of various research instruments and methodologies.
- To process payments for participation.
- To monitor compliance with relevant licenses and credentials.
- To assist in case of emergency.
- To ensure a safe and productive research environment.
- To comply with legal requirements.
- To improve the design and outcomes of current and future research activities.

The information we collect is securely stored within your file, and our associated tools and databases. We will not sell any information you provide to us. We may share this information, on a confidential basis, solely in order to provide services to you, such as payment processing and administration, or for research purposes. If necessary to protect the welfare and safety of others, and to enforce the law, the Company may share your information on a confidential basis with investigators and law enforcement personnel. The Company will retain your personal information unless you request it to be deleted, and as otherwise as required by California law. The Company may retain your personal information if reasonably necessary for use in any pending litigation or investigation, or for tax or financial reporting purposes. You can submit requests regarding any of the above to DRIManagement. The Company will not discriminate against you for exercising any of your rights under applicable California privacy laws.

This is the end of the privacy notice. The respondent next touches or clicks the button "Next Page >>". The next button will appear at the bottom of the screen. The respondent is directed to the eligibility consent page as shown below.

Consent for Eligibility Questionnaire + Study Introduction

Thank you. Several criteria must be met for participation in this study. This questionnaire takes about 11 minutes to complete, including the time for reading all the study information. There is no compensation, and you will not have any costs for completing this questionnaire.

- You will be asked several questions to determine your eligibility.

- You will not be allowed to skip any questions because we need these answers to be able to determine your eligibility for the study.
- If at any time you do not wish to continue, simply close your browser window.
- If you do not meet criteria at certain points while taking this questionnaire, you will receive a message stating you do not meet criteria and you will not continue in the questionnaire.
- If you are not interested or are determined not eligible for the study, we will not ask for your name or any other information that would identify you.
- If you are determined potentially eligible for the study, you will be asked to provide your name and contact information so that a researcher may contact you to set up a study appointment.
- We will be collecting personal (e.g., age, sex) and health information (e.g., certain diagnoses) as part of this eligibility screening.
- This information will only be kept until this study is complete. Researchers have access to this data until it is deleted.
    - As part of the eligibility questionnaire, you may see questions related to your age, sex, and the vehicle(s) you drive. We are using these questions to determine eligibility for the study and to assign you to your study group. We would like to keep this data so we have information about the demographic and vehicle/driving characteristics of participants in the study. This information will only be kept if you enroll into the study by signing an informed consent document at the study visit, otherwise it will only be kept until this study is complete as described above.
- Taking part in this questionnaire is completely voluntary.
- If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify.

There are no known risks from completing this questionnaire and you will not benefit personally. To help protect your confidentiality, a record ID was automatically assigned to you when you began the questionnaire. If you meet study criteria and provide your name, this link between your record ID and your name will be stored in a secure location and will be accessible only to researchers at Dynamic Research Inc (DRI). We will keep your information secure and confidential. However, federal regulatory agencies and the DRI Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. If we write a report about the results of this questionnaire, we will do so in such a way that you cannot be identified.

If you have any questions about the research study itself, please contact **DRI at +1-310-212-5211or dynres.info@gmail.com**. If you have questions about the rights of research subjects, please contact the DRI Institutional Review Board (IRB) *XXX-XXX-XXXX*, or e-mail *XXX@XXX*.

Do you still wish to continue? **By selecting "yes", you are consenting to provide us information for screening purposes.** You will then be shown information about the study. *** must provide value**

☐ Yes

☐ No

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*This is the end of the page of the Consent for Eligibility Questionnaire + Study Introduction. The respondent next touches or clicks the button "Next Page >>". If the response to the question was "No", the respondent is directed to **DECLINE**. If the response to the question was "Yes", the respondent is directed to information about the study as shown below.*

STUDY DESCRIPTION

The purpose of this research is to better understand how using voice commands to perform different tasks, like sending texts or setting the navigation, while driving impacts driver behavior.

Participating in this study involves one visit of approximately 2.5 hours. You will be required to come to our facility, at 355 Van Ness Ave # 200, Torrance, CA 90501. This visit involves driving in a virtual environment using a vehicle and voice command system.

You must refrain from alcohol and illicit or recreational drugs (e.g., cannabis) for the 12 hours preceding the visit because of potential carryover effects that these substances may have on your nervous system. You must also refrain from wearing mascara and/or fake eyelashes to your appointment as these interfere with some of the cameras that track your eye movements.

Study Visit: *Estimated to last approximately 2.5 hours*
During this visit we will

- Review and sign the consent document
- Review your driver's license to ensure it is valid by looking at the expiration date
- Review recent substance use and ask about any changes to health since this online eligibility screening
- Secure the necessary sensors to your person (a band across your sternum for an Electrocardiogram, eye-tracking glasses, and a finger button). **NOTE: Individuals who drive with prescription glasses must report their sphere (SPH) value (far/nearsightedness) and their cylinder (CYL) values (astigmatism) from their lens prescription to be eligible for this study**.

- Train you on how to operate the research vehicles and use certain features then complete a practice drive of approximately 4 minutes (3-5 minutes)
- Complete a series of 9 study drives of approximately 1 hour of total drive time, with training between drives.
- Undergo a study debrief
- Complete a payment form

Compensation

You will receive up to $150 for participating in this study. Pay will be pro-rated. You will receive $60 per hour of participation.

If you are determined not eligible for the study, we will not collect your name or any other information that would identify you. Then, only your contact information will be stored. If you are determined potentially eligible for the study, you will be asked to provide your contact information so that a researcher may contact you to schedule an appointment.

Are you interested in participating in this research study?

If you indicate yes, you will be directed to the eligibility questionnaire.

*** must provide value**

○Yes ○No

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*This is the end of the page of the questionnaire. The respondent next touches or clicks the button "Next Page >>". If the response to the question was "No", the respondent is directed to **DECLINE**. If the response to the question was "Yes", the respondent is directed to the first block of questions. The back button will be disabled so participants cannot return to examine inclusion criteria if they do not meet it.*

Eligibility Questionnaire

*Questions will be displayed 1 at a time and if a participant is ineligible, they will be redirected to **INELIGIBLE**.*

Thank you. For all questions in the eligibility questionnaire, we ask that you please respond honestly.

Demographic Questions

Responses to the questions on this page will be kept as data if you sign an informed consent document at the study visit. This is so we don't have to ask you these questions both here and again at your study visit(s). If you do not meet criteria for the study or if you do not sign an informed consent document at the study visit, these responses will not be kept as data. By continuing, you consent to allow us to keep this information as described. None of this information will be released publicly in a way that would directly identify you. If you have any questions about how this information may be used, you can contact us at dynres.info@gmail.com.

AGE

What is your age? *** must provide value**

[Insert age]

IF less than 18 or over 70, skip to INELIGIBLE.

SEX

What is your sex as indicated on your license? *** must provide value**

☐ Male (M)

☐ Female (F)

☐ Prefer not to say

GLASSES

Do you usually wear prescription glasses when you drive? *** must provide value**

☐ Yes

☐ No

IF 'Yes', skip to LENSE TYPE, IF 'No' Skip to HEARING.

LENSE_TYPE

Do you require the use of transition lenses or bifocals while driving? *** must provide value**

☐ Yes

☐ No

IF 'Yes', skip to INELIGIBLE.

SPHERE_VALUE

Enter your sphere (SPH) value from your lens prescription *** must provide value**

[Insert sphere value]

IF < -6 or > +6, skip to INELIGIBLE.

CYLINDER_VALUE

Enter your cylinder (CYL) value from your lens prescription *** must provide value**

[Insert sphere value]

IF < -1.5 or > +1.5, skip to INELIGIBLE.

HEARING

Do you have normal or corrected to normal hearing? *** must provide value**

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

1099_INFO

Do you have a valid Social Security Number (SSN) or Tax Identification Number (TIN)?

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

FLUENCY

Are you fluent reading and speaking in English? *** must provide value**

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

LICENSE_AND_DRIVE_PATTERNS

Do you have a valid driver's license? *** must provide value**

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

Do you drive at least 3000 miles per year? *** must provide value**

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

Do you require special equipment to aid with driving (e.g., pedal extensions, hand brake or throttle, spinner wheel knobs, seat cushion, booster seat, or other non-standard equipment)? *** must provide value**

- ☐ Yes
- ☐ No

IF 'Yes', skip to INELIGIBLE.

What is the make of the vehicle you drive most often? *** must provide value**

[Select Vehicle Make from dropdown list]

IF one of the non-study makes is selected, skip to INELIGIBLE.

What is the model of the vehicle you drive most often? *** must provide value**

[Select vehicle model from dropdown that is cascading based upon previous selection]

IF one of the non-study models is selected, skip to INELIGIBLE.

What is the year of the vehicle you drive most often? *** must provide value**

[Select year from the dropdown list]

IF one of the non-study years is selected, skip to INELIGIBLE.

Select ALL systems that you use while driving? *** must provide value**

- ☐ Android Auto
- ☐ Apple CarPlay
- ☐ Amazon Alexa Auto
- ☐ Google Assistant
- ☐ *Listing of proprietary OEM voice assistants*
- ☐ I don't use any of these systems

IF 'I don't use any of these systems', skip to INELIGIBLE.

[Note: *OEM voice assistant systems to be chosen after PRA*]

SESSION_RELATED

Have you ever gotten motion sickness in a driving simulator before? *** must provide value**

- ☐ Yes
- ☐ No

IF 'Yes', skip to INELIGIBLE.

Do you have the ability to attend a 2.5-hour session at 355 Van Ness Ave # 200, Torrance, CA 90501? *** must provide value**

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

Do you have the ability to sit for approximately 2 hours and drive intermittently? *** must provide value**

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

Do you have the ability to abstain from alcohol, marijuana and illegal substances for 12 hours prior to your study session? *** must provide value**

☐ Yes

☐ No

IF 'No', skip to INELIGIBLE.

INELIGIBLE_HEALTH_CONDITIONS

Have you had any seizures or loss of consciousness within the last 6 months? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to INELIGIBLE.

Do you currently take any medications that could impair your driving ability such as sedatives or psychotropic medications (antidepressants, anti-anxiety medications, stimulants, antipsychotics, or mood stabilizers)? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to INELIGIBLE.

Are you currently pregnant? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to INELIGIBLE.

This is the end of the page of the questionnaire that asks questions pertaining eligibility criteria. The respondent next touches or clicks the button "Next Page to advance to the ***GENERAL HEALTH QUESTIONNAIRE****.*

GENERAL HEALTH QUESTIONNAIRE

Note that these questions will all be displayed on the same page except for the ***DETAILS*** *page, which appears afterward for participants to provide clarifying information on*

Do you have a heart condition? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to DETAILS on the next page.

Do you currently have back or neck pain? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to DETAILS on the next page.

Have you received treatment for back/neck problems within the last 3 years? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to DETAILS on the next page.

Have you had or do you have any disorders that would impair your current driving ability? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to DETAILS on the next page.

Do you have any physical disability that might affect your ability to drive a car or to participate in the study? *** must provide value**

☐ Yes

☐ No

IF 'Yes', go to DETAILS on the next page.

DETAILS

Please provide more details about [*insert specific topic of health question*] so our staff can review if it is safe for you to participate. **Please include relevant prescription medication.** *** must provide value**

[Insert Response]

This is the end of the page of the questionnaire. The respondent next touches or clicks the button "Next Page to advance to the ***CONTACT INFORMATION***.

DECLINE

Thank you for your interest in our study. If you have any questions, please contact us by phone at +1-310-212-5211 or email at dynres.info@gmail.com.

This is the end of the questionnaire. The respondent next touches or clicks the button "Submit".

INELIGIBLE

Thank you for your interest. Unfortunately, it seems that you are ineligible to participate in this study. If you have any questions, please contact us by phone at +1-310-212-5211 or email at dynres.info@gmail.com.

This is the end of the questionnaire. The respondent next touches or clicks the button "Submit".

CONTACT INFORMATION

Thank you for your responses! A research team member will contact you if you are eligible to continue or if there is a need to follow up on a response. We will keep contacting participants on a rolling basis. If you wish to contact a researcher directly, please email dynres.info@gmail.com and reference the "voice command study" and a researcher will get in touch as soon as possible. Be sure to add dynres.info@gmail.com and TBD to your contact list or safe senders group so you don't miss any emails from us. If you'd like us to contact you to participate, please enter your contact information below.

*Please note that by providing contact information, you are linking your name and contact information to your questionnaire responses. This is required to verify eligibility for our study. If you do not provide a name or contact information, your responses will not be associated with you in any way, but we will be unable to verify eligibility to participate or contact you to participate.

Preferred or Chosen First Name * must provide value
You will be addressed by this name in communications from us.
[Insert first name]

Legal First Name * must provide value
[Insert first name]

Legal Last Name * must provide value

[Insert Last Name]

Email Address * must provide value
This is the primary contact method.
[Insert email address]

Primary Phone Number * must provide value
You will be called at this number if your email address bounces back as undeliverable, if we have a last-minute appointment available that might work for you, if we need to cancel your appointment on short notice or if you are late to your appointment.
[Insert email address]

If you have any comments regarding your contact information, please note those in the space provided.
[Insert comments]

Please indicate which days and times would work best for the approximately 2.5-hour study visit. Note that this would be appointment start time. We will do our best to accommodate one of your choices. We cannot guarantee the availability of weekend appointments. *Respondent is shown a table of days of the week and times of day.*

This is the end of the questionnaire. The respondent next touches or clicks the button "Submit".
