

Consent Form

The [Clark] County Registrar of Voters is conducting research to evaluate the usability of a ballot design for the [November general] election. We will use the results of these sessions to help improve the usability of ballot.

If you agree to participate, you will use the ballot in the presence of an interviewer and share your thoughts as you select candidates for the ballot races [and decide on propositions].

In this short session, you will

- Respond to a brief questionnaire about you and your voting experience
- Vote using the testing ballot
- Be interviewed by the moderator about using the testing ballot
- Complete a brief questionnaire and interview about your overall experience.

Your participation will take approximately 15 minutes. There is no risk to you if you participate in this study. We will use the information that you provide, along with information from other people, to improve the design of the actual ballot for the [November general] election.

Any information you share will be kept strictly confidential; your name will not be associated with the data we collect from your session. **Your privacy will be protected to the maximum extent allowable by law.**

Your participation is completely voluntary. You may choose not to participate at all, may refuse to participate in certain procedures or answer certain questions, or may discontinue your participation at any time without penalty. Your decision to participate will not affect your relationship with any local, state, or Federal organizations, or the person who identified you as a potential participant. Agreeing to participate and signing this form does not waive any of your legal rights.

If you have any questions about this study, please contact:

[head of elections name]

[county and state]

[email address]

[phone number] – [county election department web site]

If you voluntarily agree to participate in this research, and have had all your questions answered, please sign below.

Participant's Signature

Date

Moderator's Signature

Date

Demographic Questionnaire

Participant number: _____

1. What is your age? _____
2. What is your zip code? _____
3. Which of these best describes your race or ethnicity:
____ White alone
____ Black or African-American alone
____ American Indian or Alaska Native alone
____ Asian alone
____ Native Hawaiian or other Pacific Islander alone
____ Some other race alone
4. Are you:
____ Female
____ Male
5. Do you have physical limitations, such as: (Y or N)
____ Blindness, deafness, or a severe vision or hearing impairment
____ A condition that substantially limits one or more physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
6. Do you have difficulty doing any of the following? (Y or N)
____ Learning, remembering, or concentrating?
____ Dressing, bathing, or getting around inside the home?
____ Going outside the home alone to shop or visit a doctor's office?
____ Working at a job or business?
7. Have you voted before? ____ yes ____ no
8. Are you registered to vote right now? ____ yes ____ no ____ don't know
9. What was the last election you voted in? _____
10. The last time you voted, what did you use to vote?
____ Punch card
____ Touch screen
____ Optical scan (filling in a bubble or joining the ends of an arrow)
____ Lever machine
____ Absentee / Mail-in
____ I don't remember

Post-study Questionnaire

Circle the word that most closely describes your reaction to each statement.

1. I thought the ballot was easy to use.

Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
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2. The instructions for this ballot were difficult to understand.

Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
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3. It was easy to mark my choices.

Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
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4. I would imagine that most people would be able to use this ballot without problems.

Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
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5. I found this ballot awkward to use.

Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
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6. I felt very confident casting my vote using this ballot.

Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
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7. I would need help to use this ballot.

Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly disagree
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About this usability test

Information about the Study

The purpose of this evaluation was to get your feedback on the effectiveness and usability of the [November general] election ballot. You were asked to vote on the preliminary version of the ballot. You were then asked questions about the usefulness and usability of the ballot in a satisfaction questionnaire.

Usability specialists collect this kind of feedback from representative users in real-world environments to help ensure that the final product will be effective and usable for the intended users. Including user experience testing of ballots and voting systems significantly improves the quality of the products. If you have further questions, please contact the evaluator identified below. For further information about usability testing, you may read the references cited below.

References

Usability Professionals' Association Usability in Civic Life project:
http://www.usabilityprofessionals.org/civiclif/voting/leo_testing.html

U.S. Department of Health and Human Services: Usability, <http://www.usability.gov>

Rubin, J. and Chisnell, D. (2008). *Handbook of Usability Testing*. Indianapolis: Wiley Publishing, Inc.

Assurance of Privacy

No records of your participation in this research will be disclosed to others. Your data will be pooled with data from other research participants and only summary results will be made public. Your name will not be revealed in any document resulting from this research.

Contact Information

Moderator: [name], email: [email address], phone: [phone number]

Thanks and Credit

Thank you for providing valuable information that will help improve the ballot for the November general election.