



Experimenter Session Documentation Sheet

This documentation sheet should be used to record **each session and document individual conditions, errors or unexpected events** during the eye tracking experiment in real-time.

Please note that when describing deviation or instances in this form, make sure to always adhere to data protection regulations. Do not mention any personal information (i.e. real names) without consent.

Date:

Experimenter:

Participant ID:

Session ID:

TOPIC / ITEM	STATUS	COMMENTS / NOTES
Has the participant briefing been done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Informed consent has been given and signed?	<input type="checkbox"/> Yes, on paper / screen <input type="checkbox"/> No	
Provide the name of your Eye tracker (i.e. model, manufacturer) and the eye tracker camera system (i.e. desktop mount, tower		

<p>mount, long range mount camera, webcam etc.).</p>		
<p>Give information on sampling frequency: 1) Maximal sampling rate [hz] 2) Actual sampling rate [hz]</p>		
<p>Provide information on testing for the current session.</p>	<input type="checkbox"/> Monocular (dominant) right eye <input type="checkbox"/> Monocular (dominant) left eye <input type="checkbox"/> Binocular	
<p>Provide further information on testing for the current session.</p>	<input type="checkbox"/> Tracking of pupil size by radius <input type="checkbox"/> Tracking of pupil size by diameter <input type="checkbox"/> Tracking of pupil size by surface <input type="checkbox"/> No tracking of pupil size	
<p>Provide information on distances for monocular dominant eye testing -</p>		

<p>Eye-to-screen distance (measured in cm, 90 degree angle):</p>		
<p>Provide information on distances for monocular testing - eye to camera distances: (1) distance from right angle of the tracked eye to camera in cm:</p>		
<p>Provide information on distances for monocular testing - eye to camera distances: (2) distance from middle of the tracked eye to camera in cm:</p>		
<p>Provide information on distances for monocular testing - eye to camera distances: (3) distance from top edge of the tracked eye to camera in cm:</p>		

<p>Provide information on distances for monocular testing - eye to camera distances: (4) distance from bottom edge of the tracked eye to camera in cm:</p>		
<p>Provide information on distances for binocular testing - eye to camera distance: distance from nasal bone to camera in cm:</p>		
<p>Provide information on distances for binocular testing - eye to screen distance: distance from nasal bone to camera in cm:</p>		
<p>Please give information about the calibration performance.</p>	<p><input type="checkbox"/> Calibration was performed at the start of the session</p> <p><input type="checkbox"/> Re-calibration performed once</p> <p><input type="checkbox"/> Re-calibration performed twice</p>	

	<input type="checkbox"/> Re-calibration performed more than three times <input type="checkbox"/> Re-calibration performed more than five times	
	Any calibration issues? <input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Please give information about the validation performance.	Validation performed at the start of the session, before each text (i.e. 12 times plus 2 times for practice texts) and at the end of the session: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other amount of validation performance:	
	Any validation issues? <input type="checkbox"/> Yes (describe in adjacent	

	<p>column)</p> <p><input type="checkbox"/> No</p>	
<p>Breaks (mandatory break / optional break / unplanned interruption)</p>	<p>Have you used all mandatory breaks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (state reason in adjacent column)</p> <p>Amount and length (in min) of optional breaks:</p> <p>_____</p> <p>Amount and length (in min) of unplanned breaks:</p> <p>_____</p>	
<p>Termination / cancellation of the session?</p>	<p><input type="checkbox"/> Yes (state reason in adjacent column)</p> <p><input type="checkbox"/> No</p>	
<p>Issues with lap specification / equipment (f.ex. chair is not adjustable; issues with chin / headrest)?</p>	<p><input type="checkbox"/> Yes (describe in adjacent column)</p> <p><input type="checkbox"/> No</p>	
<p>Technical issues?</p>	<p><input type="checkbox"/> Yes (describe in adjacent column)</p> <p><input type="checkbox"/> No</p>	

<p>Issues with Questionnaires and tests</p>	<p><input type="checkbox"/> Yes (describe in adjacent column)</p> <p><input type="checkbox"/> No</p>	
<p>Lab environment</p>	<p>Presence of others (except of experimenter and participant):</p> <p><input type="checkbox"/> Yes (provide amount of persons): _____</p> <p><input type="checkbox"/> No presence of others</p>	
	<p>Sources of irritation (f.ex. loud noises)</p> <p><input type="checkbox"/> Yes (describe in adjacent column)</p> <p><input type="checkbox"/> No sources of irritation</p>	
<p>Please, specify the lightning conditions and equipment</p>	<p><u>Lightning conditions:</u></p> <p><input type="checkbox"/> daylight</p> <p><input type="checkbox"/> infrared light sources (sunlight or hot light bulbs): _____</p> <p><input type="checkbox"/> dimnable light</p>	

	<input type="checkbox"/> artificial light <input type="checkbox"/> others, namely _____	
Other		