



Experimenter Session Documentation Sheet

This documentation sheet should be used to record **each session and document individual conditions, errors or unexpected events** during the session 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:

Time of session start (hh:mm):

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 mount, long range mount camera, webcam etc.).		
Give information on sampling frequency: 1) Maximal sampling rate [hz] 2) Actual sampling rate [hz]		
Provide information on testing for the current session.	<input type="checkbox"/> Monocular (dominant) right eye <input type="checkbox"/> Monocular (dominant) left eye <input type="checkbox"/> Binocular	
Provide further information on testing for the current session.	<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 - Eye-to-screen distance (measured in cm, 90 degree angle; make sure to stick to the mandatory distance of 60 cm):</p>		
<p>Provide information on distances for binocular testing - eye to screen distance: distance from nasal bone to camera in cm:</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:</p>		

<p>(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>Please give information about the calibration performance.</p>	<input type="checkbox"/> Calibration was performed at the start of the session	

	<input type="checkbox"/> Re-calibration performed once <input type="checkbox"/> Re-calibration performed twice <input type="checkbox"/> Re-calibration performed three or more times <input type="checkbox"/> Re-calibration performed more than five times	
If you have re-calibrated, specify when the re-calibration has been performed (i.e. re-calibration after a certain trial or in between trials or within a trial after a certain page, and please always provide the name / ID of the text and possibly page number associated with the trial).		
Any calibration issues ?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	

<p>Please give information about the validation performance.</p>	<p>Validation performed at the start of the session, before each text (i.e. 10 times for experimental texts plus 2 times for practice texts) and at the end of the session:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Other amount of validation performance:</p>	
<p>Any validation issues?</p>	<p><input type="checkbox"/> Yes (describe in adjacent column)</p> <p><input type="checkbox"/> No</p>	
<p>Breaks (mandatory break / optional break)</p>	<p>Have you used the mandatory break (i.e. a 5-minute-break when 50% of the experiment is done)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (state reason in adjacent column)</p> <p>How long was the mandatory break (in min)?</p> <p>_____</p> <p>If you have used any</p>	

	<p>optional breaks (f.ex. after each trial), please state the amount and length (in min) of your optional breaks:</p> <p>_____</p> <p>Amount and length (in min) of any unplanned breaks:</p> <p>_____</p>	
<p>Abortion / 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 lab specification / equipment (e.g. 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 the participant questionnaire?</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"/> indirect daylight light</p> <p><input type="checkbox"/> infrared light sources (sunlight or hot light bulbs): _____</p> <p><input type="checkbox"/> artificial light (e.g. dimmable light)</p> <p><input type="checkbox"/> others, namely _____</p>	

<p>Did this session include ALL trials of the MultipleYE experiment or has the stimuli (reading texts) been split in several sessions?</p>	<p><input type="checkbox"/> This session includes the FULL MultipleYE experiment (i.e., all ten experiment texts plus their associated comprehension questions included)</p> <p><input type="checkbox"/> The stimuli has been split (describe in adjacent column which stimuli has been used for this session)</p>	
<p>Deviations / errors / mistakes occurring with file naming or similar issue</p>	<p><input type="checkbox"/> Yes (describe in adjacent column)</p> <p><input type="checkbox"/> No</p>	
<p>Other</p>		

Please use the following section for notes/description on certain trials (please specify the trial when describing by naming the reading text connected to the trial):

SPECIFICATION OF TRIAL (i.e. 1 trial = 1 text + associated comprehension questions; to which stimulus / text ID does the trial belong to? For example "PopSci_MultiPLEYE"):	DESCRIPTION / NOTES /COMMENTS

Documentation and notes for **psychometric tests session(s)**

Administering psychometric tests will always be considered an additional session (with its own session ID), regardless of whether they take place in combination with the reading experiment.

Please complete the information below.

Date:

Time of session start (hh:mm):

Experimenter:

Participant ID:

Session ID:

NAME OF PSYCHOMETRIC TEST	DESCRIPTION / NOTES /COMMENTS

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