

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 remember to **transfer** the information from the printed real-time documentation template **to the digital sheet** after each session. The digital sheet needs to be submitted at the end of the data collection.

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):

Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:

TOPIC / ITEM	STATUS	COMMENTS / NOTES
The following can be completed BEFORE the experiment starts:		
Maximal sampling rate of the eye tracker [hz]	_____ hz	
Actual sampling rate of the eye tracker in this session [hz]	_____ hz	
Dominant Eye	Did you test for the dominant eye? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but test failed If the dominant eye test was successful, which eye is the dominant eye? <input type="checkbox"/> right <input type="checkbox"/> left	

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Tracked eye	<input type="checkbox"/> Monocular right eye <input type="checkbox"/> Monocular left eye <input type="checkbox"/> Binocular	
Eye-to-screen distance¹	<p>For monocular testing (default testing):</p> <input type="checkbox"/> Default distance (=60 cm) <input type="checkbox"/> Other distance: _____ cm	
	<p>For binocular testing (measured from from nasal bone):</p> <input type="checkbox"/> Default distance (=60 cm) <input type="checkbox"/> Other distance: _____ cm	

¹ Note: The eye-to-screen distance is measured in cm, in 90 degree angle and must be **60 cm**. Make sure to measure correctly and provide information on the actual distance.

Date: _____ Time of session start (hh:mm): _____ Time of session end (hh:mm): _____
 Experimenter: _____ Participant ID: _____ Session ID: _____

The following can be completed DURING the experiment session (always refer to the trial ID/stimulus ID/possibly page number)

Note: Below is a list of potential issues/topics to document during the session. Use this as a reminder throughout the recording process.

- **RE-CALIBRATION:** Record details of any re-calibration within a trial, including trial ID, text, and page number (if applicable).
- **EYE CHANGE:** Document the reason for changing the eye being tracked, the timing of the change, and the trial ID or name.
- **BREAK:** Note the duration of any breaks. There should be a mandatory break (**i.e. a minimum 5-minute-break when 50% of the experiment is done**). Document any other break as well and when the break was taken.
- **OTHER INTERRUPTION:** Record the duration and provide an explanation (e.g., participant left the room, technical issues).
- **SOURCES OF IRRITATION:** Specify the type of irritation (e.g., construction noise, music playing, phone ringing, other people in the lab).
- **OTHER COMMENT:** Add any additional observations or remarks not covered by the above categories.

Calibration & validation note:

Calibration and validation must be performed at the start of the session, validation is performed before each text (i.e. **10 times** for experimental texts plus **2 times** for practice texts) and at the end of the session. Due to validation results, re-calibration must be performed if needed. When you re-calibrate please always document the timing (when did the re-calibration was performed) by referring to the trial ID / text ID / page number.

Don't forget the mandatory break: A break of a minimum of 5 minutes after approximately 50% of the experiment is done

Trial ID	Stimulus name	Page number (if possible)	DESCRIPTION / NOTES /COMMENTS

Date:

Time of session start (hh:mm):

Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:

Trial ID	Stimulus ID	Page number (if possible)	DESCRIPTION / NOTES / COMMENTS

Date:

Time of session start (hh:mm):

Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:

Trial ID	Stimulus ID	Page number (if possible)	DESCRIPTION / NOTES / COMMENTS

Date:

Time of session start (hh:mm):

Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:



The following can be completed AFTER the experiment:		
TOPIC / ITEM	STATUS	COMMENTS / NOTES
Provide the name of your Eye tracker (i.e. model, manufacturer) and the eye tracker camera system which has been used for this session.		
Calibration & validation performance	<input type="checkbox"/> I confirm that calibration and validation was performed as defined within the experimenter script ²	
Any calibration issues? (E. g. if there were issues with calibration mostly in the upper right corner)	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Average calibration error ³		
Validation deviation	Other amount of validation performance:	

² Calibration and validation must be performed at the start of the session, validation is performed before each text (i.e. **10 times** for experimental texts plus **2 times** for practice texts) and at the end of the session. Due to validation results, re-calibration must be performed if needed.

³ The average error should be below 0.3; for some participants, it is possible to achieve an even lower error. Always aim for an error as low as possible. If the error is above 0.3, recalibrate unless the participant is very difficult to track and it appears impossible to achieve a lower error.

Date:

Time of session start (hh:mm):

Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:

Any validation issues ?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Mandatory break	Have you used the mandatory break (i.e. a minimum 5-minute-break when 50% of the experiment is done) ? <input type="checkbox"/> Yes <input type="checkbox"/> No (state reason in adjacent column) How long was the mandatory break (in min)?	
Sources of irritation	<input type="checkbox"/> Loud noises <input type="checkbox"/> construction site <input type="checkbox"/> music playing <input type="checkbox"/> phone ringing <input type="checkbox"/> other, namely:	
Abortion / cancellation of the session?	<input type="checkbox"/> Yes (state reason in adjacent column) <input type="checkbox"/> No	
Lab setup deviation: Any deviation from your standard lab setup (f.ex. regarding equipment)?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Technical issues?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	

Date:

Time of session start (hh:mm):

Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:

Issues with the participant questionnaire?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Any incidents relating to the participant?		
Lab environment	Presence of others (except experimenter and participant): <input type="checkbox"/> Yes (provide number of persons): <input type="checkbox"/> No presence of others	
Lighting condition deviation (i.e. deviation from your standard lab setup -> any change in lighting conditions?)	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Deviations / errors / mistakes occurring with file naming or similar issue	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Other		

Date:

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Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:

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.

NAME OF PSYCHOMETRIC TEST	DESCRIPTION / NOTES /COMMENTS

Date:

Time of session start (hh:mm):

Time of session end (hh:mm):

Experimenter:

Participant ID:

Session ID:
