



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
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	
Tracked eye	<input type="checkbox"/> Monocular right eye <input type="checkbox"/> Monocular left eye <input type="checkbox"/> Binocular <input type="checkbox"/> Monocular tracking with eye change (provide details in adjacent column: reason, timing, trial ID/name)	

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Eye-to-screen distance¹	<p>For monocular testing (default testing): <input type="checkbox"/> Default distance (=60 cm) <input type="checkbox"/> Other distance: _____ cm</p> <p>For binocular testing (measured from from nasal bone): <input type="checkbox"/> Default distance (=60 cm) <input type="checkbox"/> Other distance: _____ cm</p>	
Calibration & validation performance	<input type="checkbox"/> I confirm that calibration and validation was performed as defined within the experimenter script ²	
Validation deviation	Other amount of validation performance: _____	

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.

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.

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Re-calibration within trial (please provide the name / ID of the text and possibly page number associated with the trial).	<input type="checkbox"/> Yes Trial or Text ID _____ <input type="checkbox"/> No	
Any calibration issues ?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Any validation issues ?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Mandatory breaks	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 is the mandatory break (in min)? _____	

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<p>Other breaks (optional breaks)</p>	<p>If you have used any optional breaks, please state the amount and length (in min) of your optional breaks:</p> <p>_____</p> <p>Amount and length (in min) of any other interruptions:</p> <p>_____</p> <p>When did any optional breaks or interruptions occur (refer to trial / text ID if possible):</p> <p>_____</p>	
<p>Abortion / cancellation of the session?</p>	<p><input type="checkbox"/> Yes (state reason & details in adjacent column)</p> <p><input type="checkbox"/> No</p>	
<p>Lab setup deviation: Any deviation from your standard lab setup (f.ex. regarding equipment)?</p>	<p><input type="checkbox"/> Yes (describe in adjacent column)</p> <p><input type="checkbox"/> No</p>	



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Technical issues?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Issues with the participant questionnaire?	<input type="checkbox"/> Yes (describe in adjacent column) <input type="checkbox"/> No	
Lab environment	Presence of others (except of experimenter and participant): <input type="checkbox"/> Yes (provide number of persons): _____ <input type="checkbox"/> No presence of others	
Sources of irritation	<input type="checkbox"/> loud noises <input type="checkbox"/> construction side <input type="checkbox"/> music playing <input type="checkbox"/> phone ringing <input type="checkbox"/> other, namely: _____ <input type="checkbox"/> other sources of irritation, namely: _____	

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Lightning condition deviation (i.e. deviation from your standard lab setup -> any change in lightning 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		



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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):

Trial ID	Stimulus ID	DESCRIPTION / NOTES / COMMENTS



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Experimenter:

Participant ID:

Session ID:



Date:

Time of session start (hh:mm):

Experimenter:

Participant ID:

Session ID:



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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:

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Experimenter:

Participant ID:

Session ID:
