PARTICIPANT EVALUATION SHEET

You are being invited to a garment toile test, concerning the research project you have already been measured for, titled:

‘Block Pattern adaptation for Greek female adolescents with Scoliosis of the Spine: An investigation into the feasibility of incorporating body shape asymmetry into Sizing Systems to improve garment fit’

You are now being invited to evaluate the garments (toiles) derived from the pattern profiles, which were constructed based on your own body measurements, with the aim of creating accurate and well-fitting ‘foundation patterns’ (blocks) for clothing, suitable for individuals having distinctive spinal features, due to scoliosis, like yourself.

During this research project, body measurements of 75 individuals (females aged 16-22, including yourself) with various degrees of spinal curvature were taken, as accurately as possible, after thorough observation of the shape and figure differences between all the participants, which have now been classified into 180 groups, subdivided into:

3 main groups according to their spinal curve size, 5 sub-groups according to their actual body size, 2 sub-groups according to their curve location in relation to the sagittal plane (left or right side), and 6 sub-groups according to their curve shape and the spinal region in which their major curve was located.

In order to determine whether pattern blocks based on median measurements represent correctly designed patterns, able to provide a satisfactory fit for each subject belonging to one of the 180 groups, separately, I have developed 7 different ‘basic dress’ pattern blocks via ‘PolyPatternM2M’ software1, for the two most populated groups in this research project – the ‘right mild thoracic scoliosis’ group \((C_1R_T,S_{TL})\) and the ‘right mild thoraco-lumbar scoliosis’ group \((C_1R_T,S_{TL})\). The final stage of my research was to gather the median measurements of each of these two scoliotic groups and generate separate basic pattern blocks for the dress, in 7 different sizes (4 for the first group and 3 for the second, respectively).

Nevertheless, in order to obtain accurate results, I am conducting a garment trial by several participants, also chosen randomly (by lottery).

For this purpose, you will be, firstly, asked to participate in a wearer trial and after to complete an evaluation form.

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This garment test is done for 2 reasons:

The first is to determine whether the toiles made up via the pattern ‘blocks’ based on the median measurements of the specific group you were classified in, according to your personal body measurements, fit you well.

The second, and most important, is to consider if there are any adaptations or improvements that need to be done to each ‘median basic pattern block’, or whether it would be wise to keep the ‘median’ pattern block as it is. The fact that the pattern block could be kept as it is, would point to a mass-customization of clothing, suitable for individuals with spinal deformities, due to scoliosis.

Your participation is voluntary and you may discontinue your participation at any time.

Your opinions and your body measurements, as anonymized data, will be included and published in the final outcome of this research project and may be used in future research. However, your involvement in this study, and particular data from this research (i.e. name and contact telephone number), will be code numbered and will remain strictly confidential. Your personal details will be anonymized and only the researcher involved in the study will have access to the data. The identifiable data will be stored on computer and kept in file, in case of possible use for future research, once the experimental program has been completed. The anonymized data will be shared only with the researcher’s Academic Supervisors and may be monitored by the researcher’s College Research Committee (CRC) and the ‘University of the Arts London’ Ethics Sub-Committee.

Thank you for your participation and understanding, Maria D. Tsakalidou

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OR

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PARTICIPANT EVALUATION FORM

• SUBJECT No: ________ (to be filled in by the researcher)

• 1. Today's date: ________________________________

• 2. Your name: ________________________________

• 3. Your signature: ________________________________

• 4. Your age (to nearest year): ____________________

• 5. Your height: ______ cm.

• 6. Your weight: ______ kg.

• 7. Your shoe size: ______ EU size.

• 8. Your bust circumference: ______ cm.

• 9. Your waist circumference: ______ cm.

• 10. Your high hip circumference: ______ cm.

• 11. Your hip circumference: ________ cm.

• 12. Your waist to floor – front height: _________ cm.

• 13. Your waist to floor – back height: _________ cm.

• 14. Your outside leg length: ____________ cm.

• 15. Your inside leg length: ____________ cm.

• 16. Your job title (if applicable):

• 17. A phone number where you can be reached by the researcher who reviews this questionnaire (include the Area Code):

• 18. The best time to phone you at this number:

• 19. Has the researcher explained to you why you are invited in this wearer trial (circle one): Yes / No
- 20. Have you ever participated in any other wearer trials (circle one): Yes / No

- 21. If “yes”, what type(s):

______________________________________________________________________

- 22. Did you find this wearer trial helpful?

______________________________________________________________________

- 23. How did you find the total fit of the dress:

Too Small ____ / Good Fit _____ / Too Large ______

- 24. How did you find the total fit of the dress compared to the dresses you usually wear?

______________________________________________________________________

- 25. How did you feel in terms of comfort, wearing the dress:

Unsatisfactory ____ / Minor Problems ____ / Moderate ____ / Satisfactory ____

- 26. How did you feel in terms of comfort, wearing the dress, compared to the dresses you usually wear?

______________________________________________________________________

- 27. How did you feel in terms of tolerance and movement:

Unsatisfactory ____ / Minor Problems ____ / Moderate ____ / Satisfactory ____

- 28. How did you feel in terms of movement, wearing the dress, compared to the dresses you usually wear?

______________________________________________________________________

- 29. How did you find the tolerance of the dress, compared to the dresses you usually wear?

______________________________________________________________________

- 30. How did you find your outward appearance wearing the garment:

Unsatisfactory ____ / Minor Problems ____ / Moderate ____ / Satisfactory ____

- 31. How did you find your outward appearance, wearing the dress, compared to the dresses you usually wear?
• 32. What was your overall feeling wearing the dress:
Unsatisfactory _____ / Minor Problems _____ / Moderate _____ / Satisfactory _____

• 33. If you would make any adaptations to the dress, what kind of adaptations would they be? Please describe (for example, measurement errors, size errors, fitting errors, comfort errors, appearance flaws, etc):
  Neck_________________________________________________
  Shoulders______________________________________________
  Scye (Armhole Area)____________________________________
  Sleeves_______________________________________________
  Bust_________________________________________________
  Mid-Back_____________________________________________
  Waist_________________________________________________
  Hips_________________________________________________
  Hem / Length_________________________________________

• 34. Did you find the dress shape in harmony with your body figure?

• 35. Did the dress ‘embrace’ successfully your spinal deformity?

• 36. Would you buy this ‘dress block’, if it was available in the market, in order to create your own clothing?

• 37. Would you like to be able to find, in the market, ready-made clothing constructed based on the above basic dress block?

• 38. Other comments from you as a wearer:

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PARTICIPANT CONSENT FORM

• I understand that I have given my consent for filling in an evaluation form on how do I feel after having tried the garment toiles, derived from the pattern profiles based on my own body measurements, in relation to the conventional retail clothing, I usually wear, and what adaptations I think that could be done, in order to make me feel more comfortable.

• I understand that I have given approval for my anonymised opinion and body measurements to be included / published in the final outcome of this research project and to be used in future research.

• I understand that my involvement in this study, and particular data from this research (name and contact telephone number), will remain strictly confidential. My personal details will be anonymised and only the researcher involved in the study will have access to the data. It has been explained to me that the data will be kept in file, in case of possible use for future research, once the experimental programme has been completed.

• I understand that the identifiable data will be shared with the researcher’s Academic Supervisors and may be monitored by the researcher’s College Research Committee (CRC) and the ‘University of the Arts London’ Ethics Sub-Committee.

• I have read the evaluation sheet about the research project in which I have been asked to take part and have been given a copy of this evaluation sheet to keep.

• What is going to happen and why it is being done has been explained to me, and I have had the opportunity to discuss the details and ask questions.

• Having given this consent I understand that I have the right to withdraw from the program at any time without disadvantage to myself and without having to give any reason.

• I hereby fully and freely consent to participation in the study, which has been fully explained to me.

SIGNATURES

• Participant’s name (BLOCK CAPITALS):
  Participant’s signature:

• Parent’s / Guardian’s name (BLOCK CAPITALS):
  Parent’s / Guardian’s signature:

• Student investigator’s name (BLOCK CAPITALS): Maria D. Tsakalidou
  Student investigator’s signature:

• Witness’ name (BLOCK CAPITALS):
  Witness’ signature:
CONTACTS

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