

# BEHAVIOR RESEARCH METHODS

## Maximizing valid eye tracking data in human and macaque infants by optimizing calibration and adjusting areas of interest

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Maximizing valid eye tracking data in human and macaque infants by optimizing calibration and adjusting areas of interest

Guangyu Zeng<sup>1</sup>, Elizabeth A. Simpson<sup>1\*</sup>, and Annika Paukner<sup>2</sup>

<sup>1</sup> Department of Psychology, University of Miami, Coral Gables, FL, USA

<sup>2</sup> Department of Psychology, Nottingham Trent University, Nottingham, UK

\*Corresponding author. Email: simpsons@miami.edu, Phone: +1-305-284-6181

For Review Only

**Abstract**

Remote eye tracking with automated corneal reflection provides insights into the emergence and development of cognitive, social, and emotional functions in human infants and non-human primates. However, because most eye tracking systems were designed for use in human adults, the accuracy of eye tracking data collected in other populations is unclear, as are potential approaches to minimize measurement error. For instance, data quality may differ across species or ages, which are necessary considerations for comparative and developmental studies. Here we examined how the calibration method and adjustments to areas of interest (AOIs) of the Tobii TX300 changed the mapping of fixations to AOIs in a cross-species longitudinal study. We tested humans ( $N=119$ ) at 2, 4, 6, 8, and 14 months of age and macaques (*Macaca mulatta*;  $N=21$ ) at 2 weeks, 3 weeks, and 6 months of age. In all groups we found improvement in the proportion of AOI hits detected as the number of successful calibration points increased, suggesting calibration approaches with more points may be advantageous. Spatially enlarging and temporally prolonging AOIs increased the number of fixation-AOI mappings, suggesting improvements in capturing infants' gaze behaviors; however, these benefits varied across age groups and species, suggesting different parameters may be ideal, depending on the population studied. In sum, to maximize usable sessions and minimize measurement error, eye tracking data collection and extraction approaches may need adjustments for the age groups and species studied. Doing so may make it easier to standardize and replicate eye tracking research findings.

**Key terms:** visual attention, infancy, eye gaze, measurement, vision, orienting, developmental psychology, comparative psychology

## 23 **Introduction**

24 Eye tracking is a popular method to examine the development of cognitive, social, and  
25 emotional functions in pre-verbal and non-verbal populations, including human infants (see  
26 Gredebäck et al., 2009; Oakes, 2012 for reviews) and non-human primates (see Hopper et al.,  
27 2021; Machado & Nelson, 2011 for reviews). Compared to simple observations and manual  
28 coding of gaze behaviors, remote screen-based eye tracking has numerous advantages. For  
29 example, it can automatically track more complex gaze patterns (speed and direction of gaze  
30 shifts) on more complex stimuli (dynamic, multi-part videos) while also enabling a high spatial  
31 and temporal resolution, in addition to being less laborious and more accurate (Oakes, 2012;  
32 Wass et al., 2013). However, the eye tracking data quality (i.e., accuracy, precision, and usability  
33 of the gaze signal; Holmqvist et al., 2011) collected from human infants and non-human primates  
34 (referred to as “primates” hereafter) remains unclear. In the current study, we targeted the  
35 usability aspect of eye tracking data quality by examining two approaches to improve the capture  
36 of meaningful and valid measures of gaze behaviors. One approach focuses on calibration  
37 methods. The other approach focuses on data extraction methods.

### 38 **Infant and Primate Eye Tracking: Opportunities and Challenges**

39 Remote eye tracking methods have been increasingly popular in infant and animal  
40 research in the last couple of decades, offering opportunities and challenges. Comparative eye  
41 tracking studies have reported similarities in social attention development between human and  
42 primate infants (Damon et al., 2017; Jakobsen et al., 2016; Maylott et al., 2020; Parr et al.,  
43 2016b; Simpson et al., 2017). Eye tracking technology is also useful in measuring individual  
44 differences in infancy, as well as atypicalities in social attention in human infants and primates  
45 (Jones & Klin, 2013; Machado et al., 2015). For example, across species, more eye contact is

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3 46 associated with greater sociality (Pons et al., 2019; Ryan et al., 2020), and females were more  
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5 47 socially attentive than males (Gluckman & Johnson, 2013; Simpson et al., 2016b). Human  
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7 48 infants who were later diagnosed with autism spectrum disorder showed a decline in looking at  
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9 49 eyes from 2 to 6 months, while typically developing infants increased eye looking across those  
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11 50 ages (Jones & Klin, 2013). A similar pattern of less attention to other macaques' eyes was found  
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13 51 in maternal immune activated rhesus macaque infants (a method to induce autistic traits in  
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15 52 primates), compared to the control group (Machado et al., 2015). In sum, across species, eye  
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17 53 tracking may help capture species-typical developmental changes, as well as identify individual  
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19 54 differences in infancy.

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24 55         Despite the growing popularity, there are substantive obstacles to address to study these  
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26 56 populations to ensure research methods are appropriately capturing infants' and primates'  
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28 57 abilities. Collecting reliable eye tracking data from infants and animals is more difficult than  
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30 58 from human adults as infants and animals are less able to understand and follow instructions, and  
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32 59 more likely to move during testing, which generates unstable data and reduces data quality (e.g.,  
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34 60 poorer accuracy and precision, more error and data loss; for a review: Hessels & Hooge, 2019;  
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36 61 Wass et al., 2013 in human infants; Hopper et al., 2021 in primates). Compared to older  
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38 62 individuals, infants have less oculomotor control and shorter attention spans, making  
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40 63 calibration—the process of measuring characteristics of each participant's eyes to improve eye  
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42 64 tracking accuracy—more difficult (Feng, 2011). Thus, we need to be aware of and minimize  
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44 65 confounds in data quality (due to age, species, or other group differences) before interpreting  
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46 66 findings based on eye tracking measures (Hessels & Hooge, 2019).

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51 67 **Mapping Fixations on Areas of Interest Depends on Eye Tracking Spatial and Temporal**  
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54 68 **Accuracy**  
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69 In eye tracking studies, the most commonly used data in analyses are fixations. A fixation  
70 is a group of raw gaze points that appears on a location within a particular threshold of eye  
71 movement parameters, such as velocity, angle, and duration (Rayner, 2009). Fixations are not the  
72 direct products of eye tracking but the computational outputs of a series of algorithms, which  
73 group raw gaze data together to reduce noise and small fluctuations. Fixations can reflect various  
74 attentional processes, such as sustained attention (i.e., holding attention on a target) and selective  
75 attention (i.e., allocating attention to specific information), which are indicative of cognitive  
76 functions (Aslin, 2007; Liversedge & Findlay, 2000). Extracting meaningful and valid  
77 fixations—located in stimulus regions of interest—is a necessary step in eye tracking analysis.  
78 This step is typically accomplished by creating areas of interest (AOIs) of different sizes and  
79 shapes, which can be activated and deactivated at specific times, and may move dynamically, to  
80 capture fixations aligned with static or moving regions of interest (Dupierrix et al., 2014;  
81 Gluckman & Johnson, 2013; Gredebäck et al., 2009; Senju & Csibra, 2008).

82 Obtaining reliable and valid fixation data relies on detecting real gazes on the stimuli  
83 (true positive gazes) and excluding noise (false positive gazes), all of which are affected by the  
84 spatial accuracy of raw data—the locations of the collected gaze data relative to true gaze  
85 locations (Morgante et al., 2012). An accuracy test for a Tobii TX300 eye tracker reported spatial  
86 deviations in accuracy: 18-month-old infants ( $N = 28$ ) had an average of  $1.31^\circ$  (range =  $0.18-$   
87  $3.85^\circ$ ) and 30-month-old infants ( $N = 31$ ) had an average of  $1.29^\circ$  (range =  $0.67-2.33^\circ$ )  
88 (Dalrymple et al., 2018). A large recent study reported median spatial accuracy of the Tobii  
89 TX300 for 4- to 7-month-olds ( $N = 490$ ) as  $2.7^\circ$ , for 8- to 12-month-olds ( $N = 486$ ) as  $1.6^\circ$ , and  
90 for 3-year-olds ( $N = 131$ ) as approximately  $1^\circ$ , reflecting increasing spatial accuracy with age  
91 (De Kloe et al., 2022). Notably, these younger infant spatial accuracies were lower than that

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3 92 reported for human adults on the same Tobii TX300 eye tracker (Dalrymple et al., 2018).  
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5 93 Together, these findings point out that gazes on the stimuli may fail to be captured because they  
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8 94 were detected just beyond the border of the stimuli, an issue that may be more prominent at  
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10 95 younger ages, raising the concern about losing valid gaze data. Additionally, because the eye  
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12 96 tracking system is only estimating the central gaze point, this estimate does not consider the  
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14 97 actual area of the viewer's foveated visual field (Akbas & Eckstein, 2017; Groot et al., 1994;  
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16 98 O'Shea, 1991). Consequently, a viewer could be focused just outside of the target but still be  
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18 99 seeing the target within the foveal visual field. Therefore, researchers should consider ways to  
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21 100 collect and analyze eye tracking data to maximize inclusion of valid fixations while minimizing  
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24 101 the chance of capturing noisy data.  
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26 102 Moreover, in a review of primate eye tracking studies, Tobii eye trackers were the most  
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28 103 common among 32 non-invasive eye tracking studies from 2009 to 2019 (Hopper et al., 2021).  
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30 104 Two studies in juvenile and adult chimpanzees, one with a Tobii T60 and another with a Tobii  
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32 105 X120, reported preliminary spatial accuracy of .15–.66° deviations in small samples of  
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34 106 chimpanzees ( $N = 6$  for each study; Hirata et al., 2010; Kano & Tomonaga, 2009), comparable to  
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36 107 accuracy reported for human adults. However, it remains unclear whether this level of accuracy  
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38 108 is generalizable to primates of younger ages and other species.  
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42 109 In addition to being affected by the eye tracker's spatial accuracy, the validity of fixation-  
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44 110 AOI mappings, and the eye tracking measures calculated using these fixations, may also be  
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46 111 affected by the eye tracker's temporal accuracy (i.e., the timing of the eye movements relative to  
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48 112 stimulus events; Morgante et al., 2012). Only a few studies have measured temporal accuracy,  
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50 113 and those that have, have only been in human adults (Morgante et al., 2012; Xue et al., 2017).  
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53 114 One study reported a 54 ms delay in the temporal accuracy of a T60XL eye tracker (Morgante et  
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3 115 al., 2012). The Tobii TX300 eye tracker has an even higher degree of temporal precision: 3.33  
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5 116 ms (De Kloe et al., 2022). However, it is unclear whether such high temporal accuracy can be  
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7 117 achieved in infant and animal studies. Therefore, it is important for researchers to carefully  
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9 118 account for temporal delays over the time course of their stimulus presentations when calculating  
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11 119 eye tracking measures to operationalize the constructs of interest.  
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### 14 120 **Developmental Changes in Infants' Visual and Attentional Systems with Age**

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17 121 Developmental changes in infants' perceptual and attentional systems may also impact  
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19 122 the mapping of fixations onto AOIs. As they develop, human and primate infants' visual acuity  
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21 123 and attention improve (Chandna, 1991; Dobson & Teller, 1978; Ordy et al., 1964; Teller, 1981;  
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23 124 Richards, 2004; Xiang et al., 2021). When viewing complex visual scenes, human 4- to 14-  
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25 125 month-olds' fixations become more systematic and predictable, less driven by low-level salience,  
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27 126 and more adult-like (Pomaranski et al., 2021). Human infants' ability to hold their attention on a  
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29 127 stimulus also improves from 14 to 26 weeks, suggesting a reduction in head and body  
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31 128 movements during eye tracking, a developmental increase in the stability in their fixations, and  
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33 129 more stable gaze signal and data loss (Richards, 2004). Moreover, human and primate infants'  
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35 130 attention orienting improves rapidly over the first 6 months after birth, enabling faster attention  
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37 131 shifting and disengagement, and better visual tracking and responsiveness (Boothe et al., 1982;  
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39 132 Johnson et al., 1991; McConnell & Bryson, 2005; Ross-Sheehy et al., 2015), which may improve  
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41 133 the temporal mapping between infants' fixations and the stimuli. Moreover, across the first year  
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43 134 after birth, macaque infants' visual acuity and motion sensitivity develop to adult-like levels and  
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45 135 the noise signal in their visual neural system decreases (Kiorpes, 2015; Ordy et al., 1964).  
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47 136 Therefore, human and macaque infants' fixations may be more likely to be captured within the  
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49 137 AOI (i.e., better fixation-AOI-mappings) as they get older and develop better visual acuity, faster  
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3 138 orienting, more gaze fixations, and increasingly stable gaze. However, these developmental  
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5 139 changes vary across primate species and may differ from human developmental changes  
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7 140 (Maylott et al., 2020; Teller, 1981). It remains unclear how such differences in visual and  
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9 141 attentional systems across ages and species may differently influence the mapping of fixations  
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11 142 onto AOIs among different populations. Therefore, a systematic and longitudinal evaluation of  
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13 143 eye tracking designs is needed to improve the ability to obtain reliable and valid eye tracking  
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15 144 measures in human and primate developmental research.

### 19 145 **Decisions in Tobii Infant Calibration**

21 146 Calibration procedures also affect eye tracking data quality (i.e., accuracy, precision, data  
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23 147 loss), which, in turn, affects fixation-AOI mapping. Yet, calibration procedures remain largely  
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25 148 unexplored in infancy, a developmental period in which calibration is particularly challenging.  
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27 149 When using an eye tracking device, a calibration procedure takes place before beginning data  
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29 150 collection to estimate the accuracy of the mapping between individual eye characteristics and  
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31 151 actual gaze locations captured by the eye tracker (Gredebäck et al., 2009). An experimenter must  
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33 152 make choices during the calibration procedure, such as the number of calibration points to  
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35 153 attempt and the display durations of the calibration stimuli, each of which influence the  
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37 154 subsequent quality of data collected (Carter & Luke, 2020). For example, the order of calibration  
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39 155 points can be randomized (e.g., Eyelink; SR Research, 2007) or must proceed in a predetermined  
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41 156 order (e.g., Tobii Studio; Tobii Technology, 2016).

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43 157 While such flexibility may be achieved by using external toolboxes (Niehorster et al.,  
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45 158 2020), the commonly used built-in calibration procedure for infants in the Tobii TX300 system is  
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47 159 completed by having participants look at the calibration target as it appears in a certain number  
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49 160 of predefined locations, presented sequentially, one at a time, in a predetermined order. While  
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3 161 calibration procedures for human adult studies are relatively easy (as they have stable attention  
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5 162 and can follow instructions), calibration is more challenging for studies of human and primate  
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7 163 infants. For instance, calibration accuracy (i.e., average distance between calibration gaze  
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9 164 samples and calibration location) and precision (i.e., standard deviation of the distances among  
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11 165 repeated gaze samples on the same calibration location) were reported to be greater in human  
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13 166 adults and school-age children than in 18- and 30-month-old toddlers (Dalrymple et al., 2018).  
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15 167 Therefore, it is crucial to uncover whether specific decisions about calibration approaches can  
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17 168 maximize calibration quality in human and primate infants.  
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22 169         One decision is the number of calibration points to use. While a larger number of  
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24 170 calibration points is assumed to result in greater spatial accuracy than fewer calibration points  
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26 171 (Gredebäck et al., 2009), it is not always feasible to obtain a large number of points, particularly  
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28 172 with primates and young infants who have limited attention spans. Indeed, studies in humans  
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30 173 suggest using 5- or 6-point calibrations in infants at 4 months of age and older, and 2-point  
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32 174 calibration in infants younger than 4 months, given their short attention spans (Gredebäck et al.,  
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34 175 2009). A reduction in the number of calibration points may decrease the necessary total amount  
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36 176 of time required for calibration, which decreases the likelihood that an infant becomes fussy,  
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38 177 fatigued, or disinterested during the calibration procedure (Aslin & McMurray, 2004;  
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40 178 Schlegelmilch & Wertz, 2019). Similar to studies in human infants, the majority of primate eye  
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42 179 tracking studies use only two calibration points because of difficulties maintaining primates'  
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44 180 attention throughout a longer calibration procedure (see Hopper et al., 2021 for a review). In  
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46 181 sum, use of fewer calibration points appears common and to be based on the untested assumption  
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48 182 that it may have some advantages over approaches with a greater number of calibration points,  
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50 183 enabling participants to better maintain their attentiveness during and after calibration.  
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### 207 **Using AOI Size and Duration to Improve Fixation-AOI Mapping**

208           Researchers must also make a number of choices including the sizes and durations of  
209 AOIs to maximize the mapping of fixations onto AOIs. There are trade-offs to consider when  
210 creating AOIs. On the one hand, creating AOIs that perfectly align spatially and temporally with  
211 the borders of stimuli—often used in human adult studies—may seem ideal as they minimize the  
212 capture of fixations that would be inaccurately classified as being located on the stimulus (i.e.,  
213 false positives; Vehlen et al., 2022) and enable the use of densely organized stimuli (e.g., arrays  
214 of 64 images; Simpson et al., 2019) without concern about overlapping AOIs (e.g., Hessels et al.,  
215 2016). However, not all fixations detected fall perfectly within the spatial and temporal borders  
216 of the stimuli (Dalrymple et al., 2018; McConnell & Bryson, 2005). Therefore, on the other  
217 hand, an AOI that perfectly aligns with the borders of stimuli may increase the risk of excluding  
218 meaningful fixations. Larger and longer AOIs located further apart from one another may  
219 capture more true fixations (Orquin et al., 2016). For example, enlarging AOI sizes relative to  
220 stimuli sizes may address the issues of spatial deviations in eye tracking data, capturing  
221 additional valid fixations and reducing data loss (Dalrymple et al., 2018; Hirata et al., 2010;  
222 Kano & Tomonaga, 2009; Morgante et al., 2012). A study in human adults found that enlarging  
223 AOIs to 1.5° of visual angle around the stimulus border helps maximize the inclusion of true and  
224 valid fixations to the stimulus (Orquin et al., 2016). Larger AOIs may also serve as a robust  
225 solution when eye tracking data are less accurate (Holmqvist et al., 2011; Vehlen et al., 2022),  
226 such as with infant eye tracking (Hessels et al., 2016). However, an AOI that is too large or too  
227 long may elevate the risk of including more noise and errors. Moreover, compared to stimulus-  
228 sized AOIs (that align with stimulus borders), larger AOIs that expand beyond stimulus borders  
229 also require a greater distance between stimuli, which may make their application only

230 appropriate in sparsely organized stimuli (e.g., relative looking to two side-by-side images;  
231 Orquin et al., 2016). Therefore, it is crucial to consider how to balance the needs of maximizing  
232 valid fixation inclusion and minimizing noise and errors.

233 The quality of eye tracking data may also vary with age during early infancy. For  
234 example, one study reported both spatial deviations and data loss decreased from 5 to 10 months  
235 of age in human infants using a Tobii TX300 eye tracker (Hessels & Hooge, 2019). Fixations  
236 remaining at a location after a stimulus disappears may be meaningful for measuring infants'  
237 attention and information processing, which researchers should carefully consider when  
238 designing developmental eye tracking studies (McConnell & Bryson, 2005). The ideal methods  
239 for fixation-AOI mapping may vary with age, which highlights the need to examine the effects of  
240 various AOI parameters at different ages during infancy.

241 In sum, given the poorer eye tracking data quality in infants compared to adults (Hessels  
242 & Hooge, 2019), their rapidly developing visual and attentional systems in the first year after  
243 birth (Brémond-Gignac et al., 2011; Kiorpes, 2015; Richards, 2004, 2010), and the unique  
244 challenges to eye tracking studies in human and primate infants, there is a need to systematically  
245 examine participant age and species when deciding which spatial and temporal parameters to use  
246 for AOIs to balance the proportion of true and false positive fixations. Filling such gaps in our  
247 knowledge may make it easier to standardize and replicate eye tracking research findings.

#### 248 **Current Study**

249 The current study aimed to provide a tentative initial set of guidelines for calibration  
250 procedures and for determining the sizes and durations of AOIs, to optimize fixation-AOI  
251 mapping in human and primate infant eye tracking research studies across the first year after  
252 birth. We chose rhesus macaque monkeys because of the large number of eye tracking studies in

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3 253 infants of this species (e.g., Mendelson et al., 1982; Muschinski et al., 2016; Parr et al., 2016a,  
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5 254 2016b; Paukner et al., 2014, 2018; Wang et al., 2020), as well as the fact that they share with  
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8 255 humans many qualities related to their perceptual, cognitive, and social development, making  
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10 256 them a popular model species for humans (Nelson et al., in press; Ryan et al., 2019). In addition,  
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12 257 compared to humans, macaque monkeys have more advanced visual acuity at birth (Ordy et al.,  
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14 258 1964) and develop approximately four times faster (Boothe et al., 1982), enabling earlier and  
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16 259 faster longitudinal eye tracking studies than are possible in humans (Parr et al., 2016a).

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19 260 Here, we tracked human and macaque infants' fixations on a rotating disk with stripes  
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21 261 that appeared to move around the screen using a Tobii TX300 eye tracker, a popular system  
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23 262 among developmental scientists (De Kloe et al, 2022). We longitudinally followed human infants  
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25 263 at the age of 2, 4, 6, 8, and 14 months and rhesus macaque (*Macaca mulatta*) infants at the age of  
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27 264 2 weeks, 3 weeks, and 6 months. We selected these ages to cover a wide span of "early infancy"  
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29 265 in both species. We explored whether the total number of registered calibration points (i.e.,  
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31 266 calibration points with fixations)□—theorized to be an index of calibration quality (Wilkinson &  
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33 267 Mitchell, 2014)□—was associated with a greater number of valid fixation-AOI mappings. We  
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35 268 examined how enlarging and prolonging the AOIs around the disk changed the fixation  
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37 269 mappings onto the AOI. We also examined how the effects of AOI enlargement and  
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39 270 prolongation changed developmentally within each species.  
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## 44 271 **Methods**

### 45 272 **Participants**

#### 46 273 *Human Infants*

47 274 A total of 119 infants participated in the current study (41.18% female). Among parents,  
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49 275 55% identified as Hispanic or Latino. Infants were racially diverse: 61% White, 18% Black or  
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276 African American, 14% multiracial, and 7% unknown/unreported (for details, see Table S4).  
277 Infants were tested longitudinally at 2 months ( $N = 79$ ,  $M_{age} = 8.98$  weeks,  $SD = .93$ ), 4 months  
278 ( $N = 88$ ;  $M_{age} = 17.97$  weeks,  $SD = 1.03$ ), 6 months ( $N = 83$ ,  $M_{age} = 26.53$  weeks,  $SD = 1.52$ ), 8  
279 months ( $N = 38$ ;  $M_{age} = 35.15$  weeks,  $SD = .92$ ), and 14 months of age ( $N = 24$ ;  $M_{age} = 60.39$   
280 weeks,  $SD = 1.59$ ). See Table S4 for detailed demographics. Infants were recruited from Miami,  
281 Florida and tested at the University of Miami. Infants were healthy, full-term ( $\geq 37$  weeks  
282 gestation), and had normal or corrected-to-normal vision. We obtained caregivers' informed  
283 consent for infants' participation. Families were compensated \$50 for each visit.

### 284 *Macaque Infants*

285 Subjects were 21 infant rhesus macaques (*Macaca mulatta*; 13 females and 8 males) and  
286 were tested longitudinally at the age of 2 weeks (11-15 days,  $M_{age} = 12.83$ ,  $SD = 1.27$ ;  $N = 12$ ), 3  
287 weeks (21-25 days,  $M_{age} = 22.80$ ,  $SD = 1.26$ ;  $N = 15$ ), and 6 months (150-199 days,  $M_{age} =$   
288  $177.35$ ,  $SD = 15.18$ ;  $N = 26$ ). Animals were housed at the [Blinded for review]. All infants were  
289 separated from their mothers on the day they were born (typically by 8am), and were reared in a  
290 nursery facility for ongoing, unrelated research studies. All infants were given inanimate cloth-  
291 covered surrogates, along with daily enrichment such as loose fleece squares, plastic toys, forage  
292 balls, and climbing chains, and were socialized for a minimum of 2h per day. Infants received  
293 LabDiet High Protein Monkey Diet (#5054) and daily food enrichment consisting of fruit, seeds,  
294 and nuts. Water was available ad libitum. See Simpson et al. (2016a) for more details on rearing  
295 practices.

### 296 **Video Stimulus**

297 The video stimulus ( $1280 \times 720$  pixels) was identical for human and macaque infants at  
298 all ages (see [Video 1](#)). The video stimulus is also available at

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3 299 [https://osf.io/p9mwk/?view\\_only=a0800300342b44f883c95145d45b411c](https://osf.io/p9mwk/?view_only=a0800300342b44f883c95145d45b411c). The video consisted  
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5 300 of a series of high contrast white disks with orthogonal stripes, including one black stripe and  
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7 301 one brightly colored stripe (blue, green, or yellow), which appeared one at a time on a black  
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10 302 background. Each disk appeared for 2 seconds, then disappeared, with 1 second between each  
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12 303 presentation (black screen only). The disks appeared at 6 predetermined locations, always in the  
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14 304 same order (center, top left, bottom left, top right, bottom right, center), accompanied by  
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16 305 rotations and various sound effects. Disks were 90 pixels in height (3.42° visual angle) and 98  
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18 306 pixels wide (3.73° visual angle). The center of each stimulus disk appeared at each of the 6  
19  
20 307 locations (x and y coordinates relative to the top left corner of 0,0 pixels) in the order: middle  
21  
22 308 (641, 320); top left (320, 181); bottom left (320, 541); top right (959, 181); bottom right (959,  
23  
24 309 541); middle (641, 320). AOIs were created around each disk location (Figure 2). In total, the  
25  
26 310 video was 18 seconds long.

27  
28  
29  
30  
31 [insert Figure 2 here]

## 32 33 **Procedure**

### 34 35 *Human Infants*

36  
37 314 Eye movements were recorded via corneal reflection using a Tobii TX300 eye tracker, a  
38  
39 315 remote 58.4 cm monitor (51 cm in width × 28 cm in height) with integrated eye tracking  
40  
41 316 technology with the resolution set at 1280 × 720 pixels and a sampling rate of 300 Hertz. While  
42  
43 317 most screen-based studies with infants use a dark testing room to limit distractions (Holmqvist et  
44  
45 318 al., 2022), this was not possible because the eye tracking system requires some illumination in  
46  
47 319 the room to track gaze fixations (see Tobii Technology, 2017 for further details on how various  
48  
49 320 room illuminations influence accuracy and precision in adults, which note better performance  
50  
51 321 with greater lighting). We, therefore, decided to balance these trade-offs and test infants in a  
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3 322 room where windows/direct sunlight was blocked with an illumination of 202 lux that was  
4  
5 323 achieved with overhead lights. This lighting level is common among screen-based eye tracking  
6  
7 324 studies with infants and seems not to lower the eye tracking data quality in young infants from  
8  
9 325 the ideal eye tracking illumination condition for adults (Katus et al., 2019; Tobii Technology,  
10  
11 326 2017).

12  
13  
14 327 Testing took place when the infants were awake, alert, and calm. Infants were seated in  
15  
16 328 their parent's lap approximately 60 centimeters in front of the screen (Figure 3A). Infants were  
17  
18 329 calibrated using either a 5-point calibration (77 sessions) or a 9-point calibration (235 sessions)  
19  
20 330 using Tobii Studio's preset locations, which presented a rattle cartoon that appeared at one  
21  
22 331 location at a time (see Figure 1 for calibration locations). Both eyes were calibrated  
23  
24 332 simultaneously. The experimenter determined when the infant fixated at each calibration point  
25  
26 333 (Hessels et al., 2015; Nyström et al., 2013). A calibration point (for each screen location and  
27  
28 334 each eye) was registered when the infant fixated on it; individual calibration points that were not  
29  
30 335 registered were repeated until we obtained an acceptable calibration (for calibration outcomes at  
31  
32 336 each age, see Table 1). Infants varied in the duration of time required to obtain a calibration,  
33  
34 337 ranging from 1 to 10 minutes. Some infants were calibrated successfully on the first attempt,  
35  
36 338 while others required repeated attempts. Typically, the 2-month-olds took longer and more  
37  
38 339 attempts to calibrate, and as infants grew older, calibration became easier and faster. Following  
39  
40 340 the calibration, we showed the 18-second video stimulus.

41  
42 341 Several infants could not be calibrated within 10 minutes or before they showed signs of  
43  
44 342 being bored or fussy in some testing sessions (13 sessions); for this subset of sessions, a  
45  
46 343 calibration from an infant of the same age was used instead (2 months old: 6 sessions of 5-point  
47  
48 344 and 5 sessions of 9-point; 4 months old: 2 session of 9-point). Among these cases, 3 sessions (2  
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3 345 months old: 2 sessions; 4 months old: 1 session) were excluded from the subsequent analyses  
4  
5 346 due to no fixations on the screen (see Figure S2 for details). We detected no difference in the  
6  
7 347 results with and without the data from these sessions using others' age-matched calibration  
8  
9 348 profile (see Supplemental Materials), so we report the results with all available data.

10  
11  
12 349 [insert Table 1 here]

13  
14  
15 350 [insert Figure 3 here]

### 16 17 351 *Macaque Infants*

18  
19 352 We recorded eye movements via corneal reflection using a Tobii TX300 eye tracker with  
20  
21 353 the resolution set at 1280×720 and a sampling rate of 60 Hertz. Infants were tested in a room  
22  
23 354 where windows were blocked (no sunlight), and illumination of 250 lux was achieved by one  
24  
25 355 overhead light (approximately 4 feet behind subject) and one additional light to the right of  
26  
27 356 subjects. One experimenter stood in front of the eye tracker at a distance of approximately 60 cm  
28  
29 357 from the screen and held each infant in her hands/arms wrapped in soft fleece fabric (Figure 3B).  
30  
31 358 Each infant was calibrated using a 5-point calibration procedure to Tobii Studio's preset  
32  
33 359 locations; individual calibration points that were not registered were repeated until an acceptable  
34  
35 360 calibration was obtained (Table 2). Both eyes were calibrated simultaneously. Infants varied in  
36  
37 361 the duration of time required to obtain a calibration, ranging from 1 to 3 minutes. Some infants  
38  
39 362 were calibrated successfully on the first attempt, while others required repeated attempts.  
40  
41 363 Typically, the 2- and 3-week-old infants were more distracted and more difficult to calibrate than  
42  
43 364 the 6-month-olds. However, if they could not be calibrated, we were able to attempt calibration  
44  
45 365 at another time, later that day or the following day, until a usable calibration was obtained.  
46  
47 366 Therefore, all macaque infants were calibrated successfully. Following the calibration, the 18-  
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54 367 second video stimulus was shown.  
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368 [insert Table 2 here]

369 **Measures**

370 *Proportion of AOI Hits*

371 We drew AOIs over the target disk and in concentric circles of 1, 2, 3, 4, and 5° of visual  
372 angle larger than the disk (AOI size; see Figure 2). These AOI sizes were designed to match the  
373 range of spatial deviations of infant eye tracking data (Dalrymple et al., 2018; De Kloe et al,  
374 2022; Morgante et al., 2012). The AOIs were activated when the disk appeared at that location  
375 and inactivated at 0, 200, 400, 600, 800, and 1000 milliseconds after the disk disappeared (AOI  
376 duration).

377 We used the I-VT fixation filter in Tobii Studio software (Tobii Technology, Danderyd,  
378 Sweden), which defined fixations by a velocity threshold of 30°/second. Moreover, the I-VT  
379 filter discards short fixations with a minimum duration of 100 ms and merges adjacent fixations  
380 with a maximum time gap of 75 ms and a maximum angle of 0.5° (Olsen, 2012). We choose to  
381 use the I-VT filter because it is easy to use, one of the most common, and is robust to noisy data  
382 from infants, with the options to handle brief gaps in gaze signals, loss of one eye, and short  
383 fixations (Wass et al., 2013). We extracted the number of samples that were classified as  
384 fixations and located within the AOIs at each spatial and temporal manipulation (i.e., AOI hits),  
385 as well as the number of samples that were classified as fixations and located anywhere else on  
386 the screen during each AOI activation. We calculated the proportion of AOI hits by computing  
387 the number of fixation samples mapped onto the AOI divided by the number of fixation samples  
388 on the screen for each combination of spatial and temporal manipulation of the AOI. Therefore,  
389 there were a total of 36 proportions of AOI hits: 6 AOI sizes (0, 1, 2, 3, 4, 5° of visual angles  
390 over the disk) × 6 AOI durations (0, 200, 400, 600, 800, 1000 ms after disk disappearance). We

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2  
3 391 used proportions instead of the raw fixation frequency to measure fixation-AOI mapping because  
4  
5 392 we wanted to measure infants' fixations to the AOI out of their total fixation to the entire screen  
6  
7  
8 393 more generally. Infants may appear to look outside of AOIs for various reasons (e.g., off-task,  
9  
10 394 measurement error), so these off-target looks need to be taken into account when considering on-  
11  
12 395 target hits. This approach also enabled us to compare across AOIs of various sizes, with larger  
13  
14  
15 396 AOIs being more likely to capture looks by chance alone.

### 16 17 397 ***Registered Calibration Points***

18  
19 398 Tobii Studio provided calibration feedback through a pop-up window (see Figure S1) that  
20  
21  
22 399 reported the number of calibration points registered for each eye. We counted the number of  
23  
24 400 registered calibration points for each test session as an index of calibration quality (Wilkinson &  
25  
26 401 Mitchell, 2014). The 5-point and 9-point calibrations provided a maximum of 10 (5 for each eye)  
27  
28 402 or 18 (9 for each eye) registered points, respectively.

### 29 30 31 403 **Data Exclusion**

32  
33 404 We excluded 16 test sessions from human infants without any fixations on the screen (2  
34  
35 405 months: 8 sessions; 4 months: 6 sessions; 6 months: 1 session; 8 months: 0 sessions; 14 months:  
36  
37 406 1 session) because no reliable data were provided, due to technical problems ( $N = 1$ ),  
38  
39 407 inattentiveness (i.e., no looking;  $N = 8$ ), and fussiness/sleepiness (i.e., crying and/or eyes closed;  
40  
41 408  $N = 7$ ). The final sample included 116 human infants (285 sessions in total) in the calibration  
42  
43  
44 409 analysis and 117 human infants (295 sessions in total) in the AOI analysis. See Figure S2 for  
45  
46  
47 410 detailed exclusion procedures.

48  
49 411 No data were excluded from macaque infants given that macaque infants for whom we  
50  
51 412 could not obtain usable data—due to sleepiness, fussiness, inattentiveness, or other factors—were  
52  
53  
54 413 retested until usable data were obtained.

## 414 **Data Analysis**

415 All statistical analyses were conducted using R (version 4.0.2) through RStudio (version  
416 1.3.1073). We conducted multilevel linear mixed effects modeling to account for the nested  
417 structure of our data—multiple AOIs (level-1) were nested within multiple ages/visits (level-2),  
418 which were nested within individual infants (level-3). For model construction procedures for all  
419 analyses, we started with a baseline model including only a random intercept at the infant-level.  
420 Then we entered fixed effects and random variance into the models stepwise and selected the  
421 best-fitting models using likelihood ratio tests for model comparisons. All linear mixed effects  
422 models were conducted with the R packages “lme4” for model estimation (Bates et al., 2015)  
423 and “lmerTest” for significance tests of fixed-effects of the best-fitting models (Kuznetsova et  
424 al., 2017). Statistically significant interactions were examined with one-way repeated measures  
425 ANOVAs and pairwise *t* comparisons with Bonferroni corrections.

426 The R markdown for replicating data analyses and the data files for both species are  
427 available in Supplementary Materials and are also available at  
428 [https://osf.io/p9mwk/?view\\_only=a0800300342b44f883c95145d45b411c](https://osf.io/p9mwk/?view_only=a0800300342b44f883c95145d45b411c).

## 429 **Results**

### 430 **Human Infant Data**

#### 431 *Effect of Calibration*

432 We first examined whether the calibration method (5-point vs. 9-point) influenced the  
433 proportion of AOI hits (outcome variable) that we detected, averaging across all AOI sizes and  
434 durations. We focused only on the age groups who were calibrated using both approaches (2-, 4-,  
435 and 6-month-olds). Potential fixed effects of calibration methods and age, as well as random  
436 variance at the age-level, calibration-methods-level, and infant-level, were added into the model

1  
2  
3 437 stepwise. We added the random variance at the age-level and calibration-method-level to  
4  
5 438 examine possible effects sourced from uneven group sizes between calibration groups and  
6  
7 439 among age groups (Milliren et al., 2018). We treated calibration methods and age as categorical  
8  
9 440 variables. Moreover, the age factor was coded with repeated contrasts (2 vs. 4 months, 4 vs. 6  
10  
11 441 months).

12  
13  
14 442 The best-fitting model (m2; see Table S5 for model comparisons) included only a fixed  
15  
16 443 main effect of age and a random intercept at the infant-level. That is, averaging across both  
17  
18 444 calibration methods, infants had a higher proportion of AOI hits as they got older,  $F(2, 159) =$   
19  
20 445  $83.28, p < .001, \eta_p^2 = .45$  (Figure 4). Specifically, post-hoc pairwise comparisons of the age  
21  
22 446 effect showed that the proportion of AOI hits increased from 2 to 4 months of age,  $t(169) = 6.60,$   
23  
24 447  $p < .001, d = 1.02,$  as well as from 4 to 6 months of age,  $t(144) = 6.67, p < .001, d = 1.11.$   
25  
26 448 However, the best-fitting model revealed no difference between 5- and 9-point calibration  
27  
28 449 methods on the proportion of AOI hits averaging across all ages and we detected no interaction  
29  
30 450 between age and calibration method.

31  
32  
33 451 [insert Figure 4 here]

34  
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36 452 We then expanded our analysis to all age groups (2-14 months old) and examined the  
37  
38 453 relationship between the total number of registered calibration points and the proportion of AOI  
39  
40 454 hits, and explored how this relationship changed with age using two multilevel regressions, one  
41  
42 455 for each calibration method (5-point and 9-point calibrations). For both calibration methods,  
43  
44 456 potential fixed effects of total number of registered calibration points (continuous) and age  
45  
46 457 (categorical coded with repeated contrasts), as well as random variance at the age-level and  
47  
48 458 infant-level, were added into the models stepwise.

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50  
51 459 The best-fitting models for both 5-point and 9-point calibration (m2 for both 5-point and  
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460 9-point; see Table S6 for model comparisons) included a significant fixed effect of total number  
461 of registered calibration points, which positively predicted the proportion of AOI hits averaging  
462 across ages (5-point:  $b = .05$ ,  $SE = .01$ ,  $\beta = .64$ ,  $t(68) = 3.68$ ,  $p < .001$ ; 9-point:  $b = .02$ ,  $SE = .01$ ,  
463  $\beta = .30$ ,  $t(216.7) = 3.02$ ,  $p = .003$ ; Figure 5A). There was also a main effect of age on the  
464 proportion of AOI hits (5-point:  $F(2, 68) = 20.31$ ,  $p < .001$ ,  $\eta_p^2 = .37$ ; 9-point:  $F(4, 181) = 31.44$ ,  
465  $p < .001$ ,  $\eta_p^2 = .37$ ), suggesting that infants had a higher proportion of AOI hits as they got older  
466 (Figure 5B). However, the best-fitting models revealed no interaction between the total number  
467 of registered calibration points and age. In sum, it appears that more registered calibration points  
468 are associated with a higher proportion of AOI hits.

469 [insert Figure 5 here]

470 Next, we explored which calibration method was associated with more registered  
471 calibration points. We sequentially added potential fixed effects of calibration methods  
472 (categorical: 5-point vs. 9-point) and age (categorical coded with repeated contrasts), as well as  
473 random variance at the age-level, calibration-method-level, and infant-level, into the baseline  
474 model.

475 The best-fitting model (m2; see Table S7 for model comparisons) included fixed main  
476 effects of age and calibration methods, as well as a random intercept at the infant-level. We  
477 found that, averaging across ages, infants successfully registered more calibration points when  
478 using 9-point calibration procedure ( $M = 14.52$ ,  $SD = 2.96$ ) than when using 5-point calibration  
479 procedure ( $M = 7.78$ ,  $SD = 1.74$ ),  $F(1, 190) = 268.71$ ,  $p < .001$ ,  $\eta_p^2 = .50$ . This calibration  
480 method difference did not appear to change with age as the best-fitting model did not support an  
481 interaction between age calibration methods and age (Figure 5B). Moreover, infants successfully  
482 registered more calibration points with age,  $F(4, 243) = 10.71$ ,  $p < .001$ ,  $\eta_p^2 = .14$ . Specifically,

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3 483 post-hoc pairwise comparisons of the age effect showed that the total number of registered points  
4  
5 484 increased from 2 to 4 months of age,  $t(243) = 2.99, p = .003, d = .38$ , as well as from 4 to 6  
6  
7 485 months of age,  $t(222) = 2.40, p = .016, d = .32$ , but did not change from 6 to 8 months of age,  
8  
9  
10 486  $t(234) = .98, p = .324, d = .13$ , nor from 8 to 14 months of age,  $t(228) = .24, p = .809, d = .03$ . In  
11  
12 487 sum, 9-point calibrations registered more calibration points than 5-point calibrations, suggesting  
13  
14  
15 488 the former may confer an advantage.

16  
17 489 Together, these results suggest that, while we detected no difference in fixation-AOI  
18  
19 490 mapping between the 5- and 9-point calibrations, the eye tracker better captured valid fixation  
20  
21 491 samples on the AOIs for infants who successfully registered more calibration points regardless of  
22  
23  
24 492 age, and since the 9-point calibrations registered more calibration points than 5-point  
25  
26 493 calibrations, a 9-point calibration procedure may be advantageous in maximizing the number of  
27  
28 494 registered calibration points thereby improving fixation-AOI mapping.

### 29 30 31 495 ***Effect of AOI Size Enlargement and Duration Prolongation***

32  
33 496 We examined whether spatial enlargement and temporal prolongation of the AOI  
34  
35 497 improved the proportion of AOI hits (outcome variable). Potential fixed effects of AOI size  
36  
37 498 (categorical: 0, 1, 2, 3, 4, 5° enlargement of the original AOI), AOI duration (categorical: 0, 200,  
38  
39 499 400, 600, 800, 1000 ms AOI prolongation after the disk disappeared), and age (categorical: 2, 4,  
40  
41  
42 500 6, 8, 14 months of age), as well as random variance at the age-level and infant-level, were added  
43  
44  
45 501 into the model stepwise. We also added calibration methods (5-point vs. 9-point) as a control  
46  
47 502 variable to account for potential differences due to calibration methods. The factors of AOI size,  
48  
49 503 AOI duration, and age were coded with repeated contrasts (AOI size: 0 vs. 1°, 1 vs. 2°, 2 vs. 3°,  
50  
51 504 3 vs. 4°, 4 vs. 5° enlargement; AOI duration: 0 vs. 200 ms, 200 vs. 400 ms, 400 vs. 600 ms, 600  
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505 vs. 800 ms, 800 vs. 1000 ms; age: 2 vs. 4 months, 4 vs. 6 months, 6 vs. 8 months, 8 vs. 14  
 506 months).

507 The best-fitting model (m7; see Table S8 for model comparisons) for human infants  
 508 revealed a main effect of age,  $F(4, 61) = 75.90, p < .001, \eta_p^2 = .03$ . Hence, there was a greater  
 509 proportion of AOI hits as infants aged. We also found main effects of AOI size,  $F(5, 10241) =$   
 510  $1117.26, p < .001, \eta_p^2 = .35$ , and AOI duration,  $F(5, 10241) = 166.59, p < .001, \eta_p^2 = .07$ . Both  
 511 spatial enlargement of AOIs and temporal prolongation of AOIs improved the proportion of AOI  
 512 hits. However, the best-fitting model did not include an AOI size  $\times$  duration interaction, nor an  
 513 AOI size  $\times$  AOI duration  $\times$  age interaction. We did, however, detect an AOI size  $\times$  age  
 514 interaction,  $F(20, 10241) = 23.51, p < .001, \eta_p^2 = .04$ , as well as an AOI duration  $\times$  age  
 515 interaction,  $F(20, 10241) = 7.47, p < .001, \eta_p^2 = .01$ . We explore each of these interactions in the  
 516 following sections.

517 **AOI Size Effects at Each Age.** To explore the statistically significant AOI size  $\times$  age  
 518 interaction effect, we conducted a follow-up one-way ANOVA to test for the main effect of AOI  
 519 size at each age. The AOI size main effect was statistically significant at each of the ages,  $ps <$   
 520  $.001$  (Table 3), suggesting that, regardless of age, increasing AOI size increased the proportion of  
 521 AOI hits.

522 We evaluated the AOI size effect with multiple post-hoc pairwise comparisons between  
 523 consecutive levels of spatial enlargement of AOI (repeated contrast coding) separately at each  
 524 age (Table 4). As shown in Figures 6 and 7, at 2 months, each degree of spatial enlargement  
 525 increased the proportion of AOI hits. At 4 months, spatial enlargement of the AOI up to  $4^\circ$   
 526 increased the proportion of AOI hits. At 6 months, each degree of spatial enlargement increased  
 527 the proportion of AOI hits. At 8 months, spatial enlargement up to  $4^\circ$  increased the proportion of

528 AOI hits. At 14 months, spatial enlargement up to 2° improved the proportion of AOI hits.

529 Furthermore, as the infants aged, their fixations became increasingly concentrated around the  
530 target disk.

531 [insert Table 3 here]

532 [insert Table 4 here]

533 [insert Figure 6 here]

534 [insert Figure 7 here]

535 **AOI Duration Effect at Each Age.** We explored the statistically significant AOI duration  
536 × age interaction effect with five follow-up one-way ANOVAs, one at each age, which all  
537 revealed main effects of AOI duration,  $ps < .001$  (Table 3).

538 We evaluated the temporal effect with multiple post-hoc pairwise comparisons between  
539 consecutive levels of AOI duration (temporal prolongation of AOI; repeated contrast coding)  
540 separately at each age (Table 5). As shown in Figures 7 and 8, at 2 months, averaging across all  
541 spatial enlargements, temporal prolongation of the AOI after the disk disappearance did not  
542 appear to increase the proportion of AOI hits. At 4 months, temporal prolongation up to 800 ms  
543 after the disk disappeared increased the proportion of AOI hits. At 6 months, temporal  
544 prolongation up to 400 ms after the disk disappeared increased the proportion of AOI hits. At 8  
545 and 14 months, temporal prolongation did not appear to increase the proportion of AOI hits.

546 [insert Table 5 here]

547 [insert Figure 8 here]

## 548 **Macaque Infant Data**

### 549 ***Effect of Calibration***

550 We examined the relationship between the total number of registered calibration points

551 and the proportion of AOI hits in macaque infants. Potential fixed effects of total number of  
 552 registered calibration points (continuous) and age (categorical coded with repeated contrasts), as  
 553 well as random variance at the age-level and infant-level, were added into the models stepwise.

554 The best-fitting model (m3; see Table S9 for model comparisons) included fixed main  
 555 effects of age, registered points, as well as the registered-point  $\times$  age interaction. The best-fitting  
 556 model also included a random intercept at the infant-level. The main effect of age ( $F(2, 53) =$   
 557  $27.35, p < .001, \eta_p^2 = .51$ ) suggested that the proportion of AOI hits increased as macaque infants  
 558 got older. Specifically, post-hoc pairwise comparisons of the age effect showed that the  
 559 proportion of AOI hits increased from 3 weeks to 6 months of age,  $t(47) = 4.86, p < .001, d =$   
 560  $1.42$ , but not from 2 to 3 weeks of age,  $t(47) = 1.65, p = .086, d = .48$ . Moreover, the main effect  
 561 of registered points ( $b = .11, SE = .03, \beta = 1.21, t(53) = 3.73, p < .001$ ) suggested that, there was  
 562 a statistically significant positive effect of the total number of registered calibration points on the  
 563 proportion of AOI hits detected averaging across ages. Furthermore, the registered-point  $\times$  age  
 564 interaction ( $F(2, 53) = 5.28, p = .008, \eta_p^2 = .17$ ) revealed that the effect of registered points on  
 565 proportion of AOI hits was more prominent as the macaque infants aged (Figure 9A).  
 566 Specifically, the positive association between registered points and proportion of AOI hits  
 567 became stronger from 3 weeks to 6 months of age,  $b = .26, SE = .09, \beta = .59, t(53) = 2.98, p =$   
 568  $.004$ , but did not change from 2 to 3 weeks,  $b = .01, SE = .05, \beta = .03, t(53) = .22, p = .824$ .

569 In addition, we examined the association between age and the total number of registered  
 570 points in macaque infants. We found that, as the macaque infants aged, they successfully  
 571 registered more calibration points,  $F(2, 39) = 55.11, p < .001, \eta_p^2 = .72$  (Figure 9B). Specifically,  
 572 the total number of registered points increased from 3 weeks to 6 months of age,  $t(38) = 7.88, p$   
 573  $< .001, d = 2.55$ , but not from 2 to 3 weeks of age,  $t(34) = 1.70, p = .089, d = .58$ . Therefore, our

574 eye tracker could detect a higher proportion of AOI hits for macaque infants with more points  
575 calibrated and this effect became stronger with age.

576 [insert Figure 9 here]

### 577 ***Effect of AOI Size and Duration Prolongation***

578 We examined whether spatial enlargement and temporal prolongation of AOIs improved  
579 the proportion of AOI hits (outcome variable) in macaque infants. Potential fixed effects of AOI  
580 size (categorical: 0, 1, 2, 3, 4, 5° enlargement of the original AOI; coded with repeated  
581 contrasts), AOI duration (categorical: 0, 200, 400, 600, 800, 1000 ms AOI prolongation after the  
582 disk disappears; coded with repeated contrasts), and age (categorical: 2 weeks, 3 weeks, 6  
583 months of age; coded with repeated contrasts), as well as random variance at the age-level and  
584 infant-level, were added into the model stepwise.

585 The best-fitting model (m5; see Table S10 for model comparisons) revealed a main effect  
586 of age,  $F(2, 16) = 20.38, p < .001, \eta_p^2 = .02$ . There was a higher proportion of AOI hits as infants  
587 aged. There was also a main effect of AOI size,  $F(5, 1860) = 83.17, p < .001, \eta_p^2 = .18$ , and a  
588 main effect of AOI duration,  $F(5, 1860) = 4.42, p = .001, \eta_p^2 = .01$ . The best-fitting model did  
589 not include an AOI size  $\times$  AOI duration interaction or an AOI size  $\times$  AOI duration  $\times$  age  
590 interaction. We did, however, detect an AOI size  $\times$  age interaction,  $F(10, 1860) = 11.96, p <$   
591  $.001, \eta_p^2 = .06$ , and an AOI duration  $\times$  age interaction,  $F(10, 1860) = 2.84, p = .002, \eta_p^2 = .02$ ,  
592 each explored below.

593 **AOI Size Effect at Each Age.** To explore the statistically significant AOI size  $\times$  age  
594 interaction effect, we conducted a follow-up one-way ANOVA at each age, which revealed a  
595 main effect of AOI size at each age,  $ps < .001$  (Table 6).

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3 596 We evaluated the AOI size effect with post-hoc pairwise comparisons between  
4  
5 597 consecutive levels of spatial enlargement of AOI (repeated contrast coding) within each age  
6  
7 598 (Table 7). As shown in Figures 10 and 11, at 2 weeks, spatial enlargement of 1° larger than the  
8  
9 599 target disk and enlargement from 4° to 5° larger than the disk both increased the proportion of  
10  
11 600 AOI hits. At 3 weeks, spatial enlargement of the AOI from 1° to 2° larger than the disk increased  
12  
13 601 the proportion of AOI hits. At 6 months, spatial enlargement up to 2° larger than the target disk  
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15 602 increased the proportions of AOI hits. Furthermore, as the macaque infants aged, their fixations  
16  
17 603 became increasingly concentrated around the target disk. Notably, among 2- and 3-week-olds,  
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19 604 the medians were close to zero, suggesting that either the macaque infants were not looking, or  
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21 605 the eye tracker was unable to capture gaze signals from some of these very young macaques.  
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26 606 [insert Table 6 here]

27  
28 607 [insert Table 7 here]

29  
30 608 [insert Figure 10 here]

31  
32 609 [insert Figure 11 here]

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35 610 **AOI Duration Effect at Each Age.** We explored the statistically significant AOI duration  
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37 611 × age interaction, with three follow-up one-way ANOVAs, one at each age (critical  $\alpha$  level was  
38  
39 612 corrected with Bonferroni correction, adjusted  $\alpha = .05/3 = .017$ ). We detected a main effect of  
40  
41 613 AOI duration only at 6 months,  $p < .001$  (Table 6). Therefore, temporal prolongation only  
42  
43 614 appeared to increase the proportion of AOI hits in the oldest age group for macaque infants.  
44  
45 615 Post-hoc pairwise comparisons between consecutive levels of temporal prolongation of AOI  
46  
47 616 duration (repeated contrast coding) revealed that, at 6 months, AOI temporal prolongation from 0  
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49 617 to 200 ms after the disk disappeared increased the proportion of AOI hits (Table 8; Figures 11  
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51 618 and 12). There were no other statistically significant effects,  $ps > .05$ .  
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619 [insert Table 8 here]

620 [insert Figure 12 here]

## 621 Discussion

622 Remote eye tracking is increasingly used in developmental research involving human and  
623 primate infants given its non-invasive procedures and ability to quickly produce a large amount  
624 of data (Aslin & McMurray, 2004; Hopper et al., 2021). However, many questions remain about  
625 the best methods to maximize the quality of these data. Researchers must make a variety of  
626 methodological choices when designing eye tracking studies, which can be particularly difficult  
627 with these populations—especially when comparing infants of differing ages and species—  
628 given that there are no empirically-established guidelines (Holmqvist et al., 2022). To begin to  
629 address these gaps, we explored how calibration methods (procedure and quality) and AOI  
630 characteristics (sizes and durations) influence the fixation-AOI mappings in human infants (2- to  
631 14-month-old) and macaque infants (2-week-old to 6-month-old) tested longitudinally using a  
632 Tobii TX300 eye tracker. We found that a greater number of registered calibration points was  
633 associated with a greater proportion of AOI hits, suggesting there may be advantages of using a  
634 built-in Tobii 9-point calibration over a 5-point calibration. Moreover, we discovered that  
635 enlarging and prolonging AOIs increased the proportion of AOI hits, suggesting larger and  
636 longer AOIs may be advantageous. Moreover, we found that these increases varied by age and  
637 species, suggesting that infant researchers need to consider their specific populations’  
638 characteristics to select the most appropriate study designs. We make recommendations for data  
639 inclusion/exclusion decisions to maximize participant retention without jeopardizing the quality  
640 of fixation-AOI mappings.

### 641 Tobii’s Built-In Calibration: 5-Point versus 9-Point Procedure

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3 642 Calibration is necessary to account for individual characteristics of infants' eyes for better  
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5 643 eye tracking accuracy and precision (Gredebäck et al., 2009). We detected no differences in the  
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7 644 proportions of AOI hits in human infants when using a 5-point compared to a 9-point calibration  
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10 645 method, regardless of age. However, we discovered that, in both human and macaque infants,  
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12 646 averaging across all age groups, the proportion of AOI hits captured increased as the total  
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14 647 number of successfully registered calibration points increased, regardless of the calibration  
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16 648 method used and the infants' ages. Admittedly, while these findings may be because better  
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18 649 calibration improves subsequent fixation-AOI mappings, we cannot rule out the possibility that  
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20 650 both better calibration quality and better fixation-AOI mappings are driven by infants'  
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22 651 characteristics, such as their attentional and emotional states during testing. Regardless of which  
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24 652 mechanism underlies the association between calibration and subsequent fixation-AOI mappings,  
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26 653 the total number of registered calibration points could be used to set minimum standards of data  
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28 654 acquisition and to assess the usability of data collected from each test session to determine if  
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31 655 certain sessions should be excluded.  
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35 656 Furthermore, human infants registered more successful calibration points when using the  
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37 657 9-point method compared to the 5-point, suggesting that attempting a greater number of points  
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39 658 may maximize the number of registered calibration points. We, therefore, recommend that, when  
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41 659 testing infants with the built-in Tobii calibration procedures at these young ages, researchers  
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43 660 consider using the 9-point calibration method, which is less demanding of young infants in terms  
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45 661 of the distances and angles between each point. Another advantage of the calibration approach in  
46  
47 662 the Tobii TX300 system is that, even if not all points are registered for each eye, researchers  
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49 663 have the option to repeat just the specific points that have not yet been captured. While this  
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51 664 process appears straightforward, our experience is that sometimes the calibration will fail  
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3 665 altogether with the addition of newly attempted, but failed points (resulting in the screen  
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5 666 depicted in Figure S1B). That is, repeating calibrations to obtain more points is not without risk.  
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7 667 Therefore, trying to achieve a “perfect” calibration in a young infant is not always realistic,  
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9 668 especially if the infant appears to be growing fussy or disinterested.

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12 669 Our analyses of calibration methods were limited in some regards. One limitation is that,  
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14 670 given that these analyses were not planned prior to data collection and lacked systematic  
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16 671 manipulation, we only were able to conduct them in human infants at the ages of 2, 4, and 6  
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18 672 months. Therefore, it is unclear whether older human infants and other species would show  
19  
20 673 similar advantages of a 9-point calibration approach. Our findings, while preliminary,  
21  
22 674 nonetheless offer insights into potential advantages of using a 9-point over a 5-point calibration  
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24 675 approach, at least when testing very young human infants (aged 2 to 6 months).

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26 676 Additionally, other aspects of calibration still need to be explored. For example, while the  
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28 677 built-in calibration procedures (such as those in the Tobii TX300 system we used here) are easy  
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30 678 to use, some customized software toolboxes offer more flexibility and control over the built-in  
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32 679 procedures, which may facilitate better and easier calibration in human and primate infants  
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34 680 (Niehorster et al., 2020). For example, calibration routines that use large stimuli to attract  
35  
36 681 attention, and which subsequently shrink to a small target for actual calibration, may enable  
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38 682 capturing infants’ attention while also retaining high precision (Schlegelmilch & Wertz, 2019).  
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40 683 With new approaches that enable greater flexibility in calibration procedures, future studies are  
41  
42 684 encouraged to explore how different variations of calibration targets—types, locations, sounds,  
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44 685 and movements—may affect fixation-AOI mapping in human and primate infants, to further  
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46 686 optimize calibration quality and thereby subsequent data quality.

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53 687 **Effect of AOI Size and Developmental Changes**  
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3 688 For infants of both species, enlarging the size of the AOIs resulted in a better ability to  
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5 689 capture fixations around the target disk, but this effect differed across age and species. For  
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7 690 human infants, we found an increase in the proportions of fixations captured by the AOIs with  
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9 691 enlargement up to 5° between the age of 2 and 6 months, up to 4° at 8 months, but only up to 2°  
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11 692 at 14 months. For macaque infants, increases in the mapping of fixations onto AOIs were found  
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13 693 with an AOI enlargement up to 5° at the age of 2 weeks, and up to 2° between 3 weeks and 6  
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15 694 months. As previous studies reported spatial deviations from 1° to 5° in eye tracking data in  
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17 695 human infants from 3 to 30 months of age (Dalrymple et al., 2018; De Kloe et al, 2022;  
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19 696 Morgante et al., 2012), our findings are consistent with such reports and extend them to a  
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21 697 younger age of 2 months, as well as to infants of another primate species. Since fixations  
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23 698 irrelevant to the target disk should spatially be distributed randomly on the screen and are  
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25 699 unlikely to be located within a certain area around the disk, our findings of the increase in the  
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27 700 proportions of AOI hits as the result of AOI size enlargements are likely driven by the spatial  
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29 701 deviations of valid fixations rather than random noise. In fact, infants may not necessarily be  
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31 702 focusing on the center of the stimulus, as adults can be instructed to do, and instead may focus on  
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33 703 the high-contrast outer edge of the disk (Bronson, 1994; Johnson, 2019). Therefore, we  
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35 704 recommend creating AOIs that are larger than the outer edges of stimuli for infant eye tracking  
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37 705 research. In sum, while an AOI that is 5° larger than the outer edge of the stimulus is likely to  
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39 706 capture more fixation samples than random noise in human infants at 2, 4, and 6 months and  
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41 707 macaque infants at 2 weeks, an AOI with the same size is likely to capture more noise than valid  
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43 708 fixations as infants get older (e.g., 14-month-old human infants and 6-month-old macaque  
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45 709 infants). These results suggest that AOI sizes need to be adjusted based on participants' age and  
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47 710 species.  
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3 711 Further, our findings also provide insights for stimulus creation: For 2- to 6-month-old  
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5 712 human infants and 2-week-old macaque infants, simultaneously presented stimuli need to be  
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7 713 sufficiently spaced apart from each other to afford larger AOIs and to reduce the likelihood of  
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9 714 capturing fixations on the wrong AOI. In other words, the distance between two stimuli  
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11 715 (occurring simultaneously or in rapid succession) should be spaced far enough apart to afford  
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13 716 enlarged and non-overlapping AOIs for each stimulus for infants at these young ages. However,  
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15 717 for older infants—8- and 14-month-old human infants, as well as 3-week-old and 6-month-old  
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17 718 macaque infants—eye tracking studies may use stimuli that are closer to each other and may use  
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19 719 smaller AOIs, capturing a greater degree of precision.

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24 720 Our findings also indicate that, at older ages (14-month-old humans and 6-month-old  
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26 721 macaques), both species showed a more condensed distribution of fixations around the target  
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28 722 disk than they did at younger ages. Notably, these patterns are consistent with the overall age-  
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30 723 related increases of fixation-AOI mappings we found in infants: in both human and macaque  
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32 724 infants, the AOIs captured more fixations as infants grew older. Such age-related increases in  
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34 725 capturing infants' fixations may, in part, be related to the rapid development in infants' visual  
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36 726 and attentional systems across these ages for both species (Chandna, 1991; Dobson & Teller,  
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38 727 1978; Ordy et al., 1964; Teller, 1981; Richards, 2004; Xiang et al., 2021). Human and primate  
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40 728 infants' visual acuity, tracking ability, and sustained attention undergo rapid development in their  
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42 729 first year after birth (Maylott et al., 2020; Phillips et al., 2007; Teller, 1981; Von Hofsten &  
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44 730 Rosander, 1997). In sum, older infants may be easier to capture eye gaze from than younger  
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46 731 infants due to improvements in infants' visual and attentional abilities with age.

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51 732 However, another likely factor contributing to the apparent age-related increase in  
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53 733 fixation-AOI mappings is that the eye tracking system can better detect the eyes and gaze  
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3 734 locations of older compared to younger infants (Hessels & Hooge, 2019; Hopper et al., 2021;  
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5 735 Wass et al., 2013). That is, there may be more error, noise, and data loss when using this eye  
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7 736 tracking system with very young infants due to limitations with the system itself (e.g., difficulty  
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9 737 in identifying pupils of young infants; Wass et al., 2014). If so, these apparent age-related  
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11 738 improvements may, at least in part, reflect enhanced measurement precision and accuracy in  
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13 739 older infants (i.e., that the Tobii TX300 has a better ability to capture older infants' fixations for  
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15 740 both species). While this hypothesis has yet to be empirically tested—which would require, for  
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17 741 example, behavioral coding of infants' attention frame-by-frame from video and comparing to  
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19 742 eye tracking data—this interpretation is consistent with a report in human infants that with age,  
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21 743 between 5 and 10 months, spatial accuracy increases and data loss decreases using a Tobii  
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23 744 TX300 (De Kloe et al, 2022). Thus, older infants, compared to younger infants, may provide eye  
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25 745 tracking data that are more stable, smooth, and have less noise.

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27 746         These two potential interpretations of age-related improvements in fixation-AOI mapping  
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29 747 in infant eye tracking—that there are both qualities of the infants, as well as limitations of the  
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31 748 eye tracking measurement system—are not mutually exclusive, and regardless of which may  
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33 749 play a bigger role, both suggest that some methodological adjustments, such as using larger and  
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35 750 longer duration AOIs, may be useful to increase data capture.

### 36 751 **Effect of AOI Duration and its Developmental Changes**

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38 752         Prolonging the time window of the AOIs also improved fixation-AOI mapping for human  
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40 753 and macaque infants, but it did so differently across age and species. In humans, AOI duration  
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42 754 prolongation increased the proportion of AOI hits when it was extended up to 800 ms at 4  
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44 755 months and up to 400 ms at 6 months, while in macaques, prolongation of up to 200 ms  
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46 756 improved AOI hits only at 6 months, suggesting that, at particular ages, infants of both species

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3 757 tended to begin to fixate on the disk locations only after the stimulus disappeared. Such delays in  
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5 758 attention shifting have been reported in very young human infants, which decrease (i.e., delays  
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7 759 grow smaller as attention shifting grows faster) from 6 to 26 weeks (Butcher et al., 2000). Our  
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9 760 findings suggest that this delay might also persist when the stimulus holding infants' attention  
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11 761 disappears.

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14 762 We also noted age-related changes in these AOI prolongation effects in both human and  
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16 763 macaque infants: For human infants, the extended time window of the AOIs increased the  
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18 764 proportion of AOI hits when it remained for up to 800 ms after the stimulus disappeared at the  
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20 765 age of 4 months, but narrowed to only be beneficial when extended to 400 ms at 6 months, and  
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22 766 appeared no longer to be beneficial with any extension at 8 and 14 months; for macaque infants,  
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24 767 the AOI prolongation effect was effective up to 200 ms in the 6-month-olds but not the younger  
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26 768 ages. Capture of noise/false positives by extending the AOI durations should have led to an  
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28 769 increase in the proportion of AOI hits across all ages. Rather, the systematic, age-related changes  
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30 770 in the effect of AOI prolongation are consistent with the interpretation that we captured a greater  
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32 771 number of valid fixations. This pattern may also reflect a gradual improvement in infants' ability  
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34 772 to more rapidly shift their attention over the first half year after birth (Boothe et al., 1982;  
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36 773 Butcher et al., 2000; Johnson et al., 1991; McConnell & Bryson, 2005; Ross-Sheehy et al., 2015;  
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38 774 Wass, 2013). This delay in attention shifting among young infants is noteworthy when we design  
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40 775 eye tracking tasks that require high temporal accuracy.

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42 776 However, we did not detect any increases in the proportion of AOI hits with AOI  
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44 777 prolongations in 2-month-old humans and 2- to 3-week-old macaques, the youngest groups in the  
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46 778 current study. One possible reason for these null results may be that the target disk was, in fact,  
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48 779 displayed too briefly (i.e., only 2 seconds) which was insufficient time for very young infants to  
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3 780 orient to it, particularly given that the intervals between the disk's disappearance at one location  
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5 781 and reappearance at another location was also brief (i.e., only 1 second). Human infants' speed to  
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7 782 shift attention from one location to the other increases from 2 to 6 months of age (McConnell &  
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9 783 Bryson, 2005). For example, one study reported that, even with a central stimulus offset, 2-  
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11 784 month-olds needed an average of about 2 seconds after a peripheral stimulus onset to shift their  
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13 785 gaze to it, compared to 6-month-olds who need an average of less than 1 second (McConnell &  
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15 786 Bryson, 2005). Therefore, in the current study, the youngest infants may not have had enough  
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17 787 time to disengage their attention and shift to another location in rapid succession for all 5  
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19 788 locations. Consistent with this interpretation, out of the total fixations on the screen, we found  
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21 789 that our AOIs, varying in sizes, only mapped an average of 9% to 23% of fixations on AOIs (out  
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23 790 of total fixation on screen) in 2-month-old human infants and only 1% to 11% in 2-week-old  
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25 791 macaque infants. These results suggest that future studies with infants this young may better test  
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27 792 AOI temporal prolongations by displaying the target stimuli themselves for longer periods of  
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29 793 time to ensure they are fixated on before they disappear. One approach that may ensure stimuli  
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31 794 are presented in a way that is fair to different age groups is by using a system-controlled or  
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33 795 experimenter-controlled procedure in which an infant must accumulate a certain amount of  
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35 796 looking to the screen or to a stimulus before the trial ends (Slonecker et al., 2018).  
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42 797         Unfortunately, in the current study we were unable to distinguish between temporal  
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44 798 inaccuracy of the system itself and delays in infants' latencies to fixate on target AOIs.  
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46 799 Nonetheless, the implications are the same: some adjustments to the durations of AOIs may be  
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48 800 beneficial for overcoming both potential sources of error.  
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## 51 801 **Limitations and Future Directions**

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3 802 To our knowledge, the current study is the first to systematically examine how, in young  
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5 803 infants, enlarging AOI sizes and extending AOI temporal windows impacts fixation-AOI  
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7 804 mapping. We found that prolonging the AOI duration after the stimulus disappearance increased  
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9 805 the proportion of AOI hits for both human and macaque infants. This approach may help capture  
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11 806 “sticky” fixations, which are theorized to reflect a delay in attention shifting at these early ages  
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13 807 (Butcher et al., 2000). However, future studies are needed to further investigate whether this AOI  
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15 808 prolongation effect is associated with infants’ attention shifting ability, and how we may better  
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17 809 design age-appropriate eye tracking measures in line with infants’ attention disengagement skills.  
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22 810 In recent years, primates have been increasingly popular as a model for studying human  
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24 811 development using eye tracking technology, which highlights the need to carefully examine eye  
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26 812 tracking methodology in primate infants at various ages (Nakamura et al., 2021; Ryan et al.,  
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28 813 2020). We provided preliminary findings on rhesus macaque infants on how calibration quality  
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30 814 and manipulating the sizes and durations of AOIs might improve the Tobii TX300’s ability to  
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32 815 capture valid fixations. However, the current study was not designed to directly compare eye  
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34 816 tracking performance of infants of both species, thereby lacking a sample of macaque infants that  
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36 817 were chronologically age-equivalent, and/or developmentally equivalent in their visual attention  
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38 818 systems, to the human infants. Eye tracking studies on primate infants are uncommon and largely  
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40 819 limited to only a few species, much like primate cognition research more generally (Altschul et  
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42 820 al., 2019; Nelson et al., in press). Primate infant studies can therefore benefit from pooling  
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44 821 resources, sharing protocols, and having well-recognized guidelines, which require systematic  
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46 822 examinations of the eye tracking methods and decisions on primate infants.  
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51 823 Another common practice that requires further systematic examination is the use of a  
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53 824 same-aged peer’s calibration when a given infant cannot be calibrated successfully. Calibrating  
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3 825 young infants can be difficult, as human and primate infants cannot be instructed to look at a  
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5 826 stimulus and remain still during testing. Researchers commonly exclude infants who cannot be  
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7 827 calibrated reliably from studies (e.g., Gredebäck et al., 2009; Maylott et al., 2020). This  
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9 828 exclusion may result in a high amount of data loss and potentially non-random infant dropout,  
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11 829 jeopardizing study generalizability (Klein-Radukic & Zmyj, 2015; Segal et al., 2021). Subject  
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13 830 dropout in primate studies is particularly troubling, given the small sample sizes to begin with  
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15 831 (Farrar et al., 2021; Schubiger et al., 2019). In addition, even though calibration procedures can  
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17 832 be repeated until an acceptable calibration is obtained, a previous study in 9- to 10-month-olds  
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19 833 found that repeating calibrations multiple times was associated with poorer eye tracking data  
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21 834 accuracy (Hessels et al., 2015). Therefore, researchers sometimes adopt another age-matched  
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23 835 infant's calibration profile when a personalized calibration cannot be completed, to maximize the  
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25 836 ability to include as many infants as possible (Maylott et al., 2021; Ryan et al., 2020). Although  
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27 837 it is ideal to use the infants' own calibration profile, here, we found no evidence in our human  
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29 838 infant data that fixation-AOI mapping was poorer when we used another age-matched infant's  
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31 839 calibration profile for those infants who failed in calibration compared to infants who used their  
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33 840 own calibration profile. However, we had only a small sample of human infants (11 sessions at 2  
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35 841 months out of 79 sessions total; 2 sessions at 4 months out of 88 sessions total) who used others'  
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37 842 calibration profiles, so replications with larger samples and extensions to other species are  
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39 843 needed. Further, we did not experimentally manipulate whether an infant used their own or  
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41 844 another infant's calibration; this method should be studied more systematically (rather than just  
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43 845 opportunistically) in future work to better understand the advantages and limitations of this  
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45 846 approach. While having fewer infants excluded is ideal, and some approaches may increase  
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47 847 usability, it will be useful to better understand how including these infants may impact eye  
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3 848 tracking data quality and fixation-AOI mapping. Another direction that could be explored in  
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5 849 future work is to compare operator-controlled (i.e., experimenter-controlled) to system-  
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8 850 controlled (i.e., automated) calibration in infants, to determine if one is advantageous over the  
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10 851 other in specific populations (Hessels et al., 2015).

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12 852 While we successfully calibrated all infant macaques in the current study, this success  
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14 853 may not reflect the ease with which macaque infants can be calibrated relative to human infants.  
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17 854 Instead, quite the contrary: this success was possible mainly because infant macaques were  
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19 855 available for repeated attempts at calibration throughout the day across multiple days, unlike  
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21 856 human infants whose calibration had to be achieved during a more limited one-time visit to the  
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24 857 laboratory at each age. For some infant macaques, repeated attempts were needed across multiple  
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26 858 test sessions to obtain a usable calibration. As with human infants, future studies with macaque  
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28 859 infants are needed to systematically explore and report the number of calibration attempts and  
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30 860 the consequences on data quality when using another infant's calibration profile. Meanwhile we  
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33 861 encourage infant researchers to be transparent in reporting these practices.

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35 862 Here, we focused on a popular eye tracker model (i.e., Tobii TX300) and a widely used,  
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37 863 noise-robust fixation classifying algorithm (i.e., I-VT filter). However, many factors may  
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40 864 influence the quality of the raw gaze samples, including variation in eye tracker models, the age  
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42 865 groups and species studied, and the eye tracking setup (e.g., room luminance). Different types of  
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44 866 fixation filters and the associated decisions about which parameters to use for these filters (e.g.,  
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46 867 maximum gap length, smoothing and filtering windows, velocity cutoffs) may also influence the  
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48 868 ability to extract reliable and valid fixation candidates from the raw gaze signal (Hooge et al.,  
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50 869 2022). Therefore, it is critical for future studies to systematically compare across various eye  
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53 870 trackers and fixation filtering algorithms and parameters to examine the extent to which the  
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3 871 current findings can be generalized, and to find the best possible procedures to maximize  
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5 872 fixation-AOI mapping.

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8 873 In conclusion, our findings suggest adjustments to infant eye tracking data collection and  
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10 874 processing methods may help researchers collect more data from human and primate infants.  
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12 875 When used in conjunction with other recommended practices—such as applying new algorithms  
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14 876 for detecting fixations from raw gaze signals (Wass et al., 2013), optimizing the testing  
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16 877 environments and infant states for eye tracking (Hessels & Hooge, 2019), and using infant-  
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18 878 friendly calibration procedures (Gredebäck et al., 2009)—the approaches recommended here  
19  
20 879 may improve fixation-AOI mapping. Determining how data can be used optimally, even if  
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22 880 produced by less than-ideal populations, will strengthen eye tracking paradigms, as well as  
23  
24 881 uncover points of commonality and difference between humans and animals at different ages,  
25  
26 882 facilitating comparative and developmental science. Ultimately, establishing these evidence-  
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28 883 based approaches will produce more robust data, replicable findings, and reliable interpretations,  
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30 884 shedding light on the ontogenetic and phylogenetic emergence of perceptual, cognitive, social,  
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32 885 and emotional development.  
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895

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907 **Consent to participate:** Informed consent was obtained from the caregivers of all human infants  
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909 **Consent for publication:** The authors affirm that both human adults consented to publication of  
910 the images in Figure 3.

911 **Availability of data and materials:** The video stimulus and de-identified data for both human  
912 and macaque infant eye tracking are included in the supplementary materials and are also  
913 available at [https://osf.io/p9mwk/?view\\_only=a0800300342b44f883c95145d45b411c](https://osf.io/p9mwk/?view_only=a0800300342b44f883c95145d45b411c).

914 **Code availability:** R markdown for replicating data analyses is available as a supplementary file  
915 and at [https://osf.io/p9mwk/?view\\_only=a0800300342b44f883c95145d45b411c](https://osf.io/p9mwk/?view_only=a0800300342b44f883c95145d45b411c)

916 **Supplementary Materials:** Supplementary information is available at  
917 [https://osf.io/p9mwk/?view\\_only=a0800300342b44f883c95145d45b411c](https://osf.io/p9mwk/?view_only=a0800300342b44f883c95145d45b411c)

918 **Authors' contributions:** AP, EAS, and GZ designed the study. GZ and EAS collected the  
919 human data. AP and EAS collected the macaque data. GZ analyzed the data and created the  
920 graphs. GZ and EAS wrote the manuscript. GZ, EAS, and AP edited the manuscript.

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For Review Only

## Tables

**Table 1**

*Sample Sizes, Means, Standard Deviations, and Range of the Total Number of Registered Calibration Points in 5-Point and 9-Point Calibration for Human Infants*

<i>5-Points per eye (total of 10)</i>					
<b>Age (months)</b>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>	<i>Not Calibrated</i>
2	30	6.63	1.64	[3, 10]	6
4	26	7.96	1.75	[5, 10]	0
6	21	8.62	1.16	[6, 10]	0
<i>9-Points per eye (total of 18)</i>					
	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>	<i>Not Calibrated</i>
2	49	12.98	3.40	[5, 18]	5
4	62	13.92	2.92	[7, 18]	2
6	62	15.02	2.49	[10, 18]	0
8	38	15.55	2.44	[10, 18]	0
14	24	15.67	3.02	[7, 18]	0

*Note.* *N* = number of infants in each calibration. *SD* = Standard Deviation. No infants at 8 and 14 months were tested using the 5-point calibration. We started the current study with a 5-point calibration as suggested by previous studies (Gredebäck et al., 2009) and decided to transition fully to a 9-point method on the recommendation of a colleague, given that we, like our colleague, observed young infants (e.g., 2-month-olds) seemed to have an easier time shifting their fixations in the shorter distances in the 9-point calibration compared to the longer distances required of the 5-point calibration, which anecdotally appear to result in a faster and higher quality calibration.



**Table 2**

*Sample Sizes, Means, Standard Deviations, and Range of the Total Number of Registered Calibration Points in 5-Point Calibration for Macaque Infants*

<i>5-Points per eye (total of 10)</i>				
<i>Age</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>
2 weeks	12	5.75	2.05	[3, 9]
3 weeks	15	6.60	1.55	[4, 9]
6 months	26	9.65	.56	[8, 10]

*Note.* *N* = number of infants in each calibration. *SD* = Standard Deviation. We completed data collection for macaque infants before (2014-2016) we started collection for human infants (2016-2019). Therefore, we used 5-point calibration for all macaque infants in line with previous primate eye tracking studies (e.g., Kano et al., 2012; Paukner et al., 2013).

**Table 3**

*Post Hoc ANOVAs of AOI Size and AOI Duration Effects on the Proportion of AOI Hits at Each Age in Human Infants*

Age	Effect	$df_B$	$df_W$	$F$	$p$	$\eta_p^2$
2 months	AOI size	5	2451.00	173.30	< .001*	.26
	AOI duration	5	2451.14	17.74	< .001*	.03
4 months	AOI size	5	2823.93	252.86	< .001*	.31
	AOI duration	5	2824.09	101.81	< .001*	.15
6 months	AOI size	5	2800.78	574.49	< .001*	.51
	AOI duration	5	2800.92	74.16	< .001*	.12
8 months	AOI size	5	1320.00	179.16	< .001*	.40
	AOI duration	5	1320.00	24.82	< .001*	.09
14 months	AOI size	5	795.00	196.46	< .001*	.55
	AOI duration	5	795.00	14.36	< .001*	.08

*Note.* Experimental manipulations to areas of interest (AOI) for human infants: AOI size (spatial enlargement degree: 0°, 1°, 2°, 3°, 4°, and 5°) and AOI duration (temporal prolongation time: 0 ms, 200 ms, 400 ms, 600 ms, 800 ms, 1000 ms). Critical  $\alpha$  level was corrected with Bonferroni correction, adjusted  $\alpha = .05/5 = .01$ .  $df_B$  = between-group degrees of freedom.  $df_W$  = within-group degrees of freedom.  $\eta_p^2$  = partial eta squared. \*  $p < \alpha_{adj}$  (.01).

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**Table 4**

*Descriptive Statistics and Post Hoc pairwise comparisons of AOI Size Effects on the Proportion of AOI Hits at Each Age in Human Infants Averaging across all AOI Durations*

Age	AOI Size	Mean	SD	Comparison	df	t	p	d
2 months	0°	.09	.13					
	1°	.15	.19	1° vs 0°	2456.00	10.20	< .001	.41*
	2°	.18	.21	2° vs 1°	2456.00	5.05	< .001	.20*
	3°	.20	.23	3° vs 2°	2456.00	3.76	< .001	.15*
	4°	.22	.24	4° vs 3°	2456.00	3.34	.001	.13*
	5°	.23	.24	5° vs 4°	2456.00	2.72	.007	.11*
4 months	0°	.29	.25					
	1°	.36	.27	1° vs 0°	2828.92	9.24	< .001	.35*
	2°	.41	.28	2° vs 1°	2828.92	5.63	< .001	.21*
	3°	.46	.29	3° vs 2°	2828.92	6.44	< .001	.24*
	4°	.49	.29	4° vs 3°	2828.92	3.74	< .001	.14*
	5°	.51	.29	5° vs 4°	2828.92	2.08	.037	.08
6 months	0°	.44	.24					
	1°	.58	.23	1° vs 0°	2805.77	19.06	< .001	.72*
	2°	.65	.20	2° vs 1°	2805.77	10.32	< .001	.39*
	3°	.68	.19	3° vs 2°	2805.77	5.56	< .001	.21*
	4°	.72	.18	4° vs 3°	2805.77	4.89	< .001	.18*
	5°	.74	.17	5° vs 4°	2805.77	2.90	.004	.11*
8 months	0°	.52	.29					
	1°	.62	.25	1° vs 0°	1325.00	9.80	< .001	.54*
	2°	.67	.24	2° vs 1°	1325.00	5.24	< .001	.29*
	3°	.71	.23	3° vs 2°	1325.00	3.95	< .001	.22*
	4°	.76	.19	4° vs 3°	1325.00	4.05	< .001	.22*
	5°	.76	.18	5° vs 4°	1325.00	.83	.405	.05
14 months	0°	.46	.24					
	1°	.60	.23	1° vs 0°	800.00	11.19	< .001	.79*
	2°	.71	.16	2° vs 1°	800.00	8.58	< .001	.61*
	3°	.74	.14	3° vs 2°	800.00	2.05	.040	.14
	4°	.75	.14	4° vs 3°	800.00	1.16	.246	.08
	5°	.78	.13	5° vs 4°	800.00	2.04	.041	.14

Note. *SD* = standard deviation. \*  $p < \alpha$  adj (.01).

**Table 5**

*Descriptive Statistics and Post Hoc pairwise comparisons of AOI Duration Effect on the Proportion of AOI Hits at Each Age in Human Infants Averaging across all AOI Sizes*

Age	AOI Duration	Mean	SD	Comparison	df	t	p	d
2 months	0 ms	.15	.20					
	200 ms	.16	.21	200 vs 0	2456.00	1.94	.052	.08
	400 ms	.17	.21	400 vs 200	2456.00	1.59	.112	.06
	600 ms	.19	.22	600 vs 400	2456.00	1.89	.058	.08
	800 ms	.19	.22	800 vs 600	2456.35	.73	.466	.03
	1000 ms	.19	.23	1000 vs 800	2456.00	.26	.798	.01
4 months	0 ms	.34	.28					
	200 ms	.38	.28	200 vs 0	2828.91	4.58	< .001	.17*
	400 ms	.41	.28	400 vs 200	2828.91	3.90	< .001	.15*
	600 ms	.44	.29	600 vs 400	2829.29	2.73	.006	.10*
	800 ms	.47	.29	800 vs 600	2828.91	3.18	.001	.12*
	1000 ms	.48	.28	1000 vs 800	2828.91	1.13	.258	.04
6 months	0 ms	.57	.22					
	200 ms	.61	.22	200 vs 0	2805.71	3.88	< .001	.15*
	400 ms	.64	.22	400 vs 200	2805.56	2.85	.004	.11*
	600 ms	.65	.23	600 vs 400	2805.95	2.21	.027	.08
	800 ms	.67	.22	800 vs 600	2805.56	1.64	.101	.06
	1000 ms	.67	.22	1000 vs 800	2805.56	.54	.586	.02
8 months	0 ms	.62	.25					
	200 ms	.65	.25	200 vs 0	1325.00	2.52	.012	.14
	400 ms	.67	.25	400 vs 200	1325.00	1.74	.081	.10
	600 ms	.69	.25	600 vs 400	1325.00	1.38	.168	.08
	800 ms	.70	.25	800 vs 600	1325.00	.97	.330	.05
	1000 ms	.71	.23	1000 vs 800	1325.00	.58	.559	.03
14 months	0 ms	.62	.22					
	200 ms	.65	.21	200 vs 0	800.00	1.40	.160	.10
	400 ms	.67	.21	400 vs 200	800.00	1.33	.182	.09
	600 ms	.69	.21	600 vs 400	800.00	1.09	.277	.08
	800 ms	.70	.21	800 vs 600	800.00	.57	.569	.04
	1000 ms	.71	.21	1000 vs 800	800.00	.08	.933	.01

Note. *SD* = standard deviation. \*  $p < \alpha$  adj (.01).

**Table 6**

*Post Hoc ANOVAs of AOI Size and AOI Duration Effects on Proportion of AOI Hits at Each Age in Macaque Infants*

Age	Effect	$df_B$	$df_W$	$F$	$p$	$\eta_p^2$
2 weeks	AOI size	5	420	22.62	< .001*	.212
	AOI duration	5	420	.07	.997	.001
3 weeks	AOI size	5	525	37.87	< .001*	.265
	AOI duration	5	525	.18	.970	.002
6 months	AOI size	5	915	48.74	< .001*	.210
	AOI duration	5	915	17.50	< .001*	.087

*Note.* Experimental manipulations to areas of interest (AOI) for macaque infants: AOI size (spatial enlargement degree: 0°, 1°, 2°, 3°, 4°, and 5°) and AOI duration (temporal prolongation time: 0 ms, 200 ms, 400 ms, 600 ms, 800 ms, 1000 ms). Critical  $\alpha$  level was corrected with Bonferroni correction, adjusted  $\alpha = .05/3 = .017$ .  $df_B$  = between-group degrees of freedom.  $df_W$  = within-group degrees of freedom.  $\eta_p^2$  = partial eta squared. \*  $p < \alpha_{adj}$  (.017).

**Table 7**

*Descriptive Statistics and Post Hoc Pairwise Comparisons of AOI Size Effects on the Proportion of AOI Hits at Each Age in Macaque Infants Averaging across all AOI Durations*

Age	AOI Size	Mean	SD	Comparison	df	t	p	d
2 weeks	0°	.01	.05					
	1°	.05	.12	1° vs 0°	415	4.02	< .001	.39*
	2°	.05	.13	2° vs 1°	415	.40	.689	.04
	3°	.06	.13	3° vs 2°	415	.31	.755	.03
	4°	.06	.13	4° vs 3°	415	.02	.982	.00
	5°	.11	.19	5° vs 4°	415	5.71	< .001	.56*
3 weeks	0°	.08	.16					
	1°	.10	.16	1° vs 0°	520	.82	.410	.07
	2°	.22	.29	2° vs 1°	520	5.28	< .001	.46*
	3°	.24	.31	3° vs 2°	520	.79	.426	.07
	4°	.28	.38	4° vs 3°	520	2.21	.027	.19
	5°	.32	.39	5° vs 4°	520	1.52	.128	.13
6 months	0°	.47	.28					
	1°	.55	.29	1° vs 0°	910	6.65	< .001	.44*
	2°	.58	.31	2° vs 1°	910	2.81	.005	.17*
	3°	.60	.31	3° vs 2°	910	1.52	.127	.10
	4°	.61	.31	4° vs 3°	910	.96	.334	.06
	5°	.62	.30	5° vs 4°	910	.57	.568	.04

*Note.* SD = standard deviation. \*  $p < \alpha$  adj (.01).

## EYE TRACKING IN INFANCY

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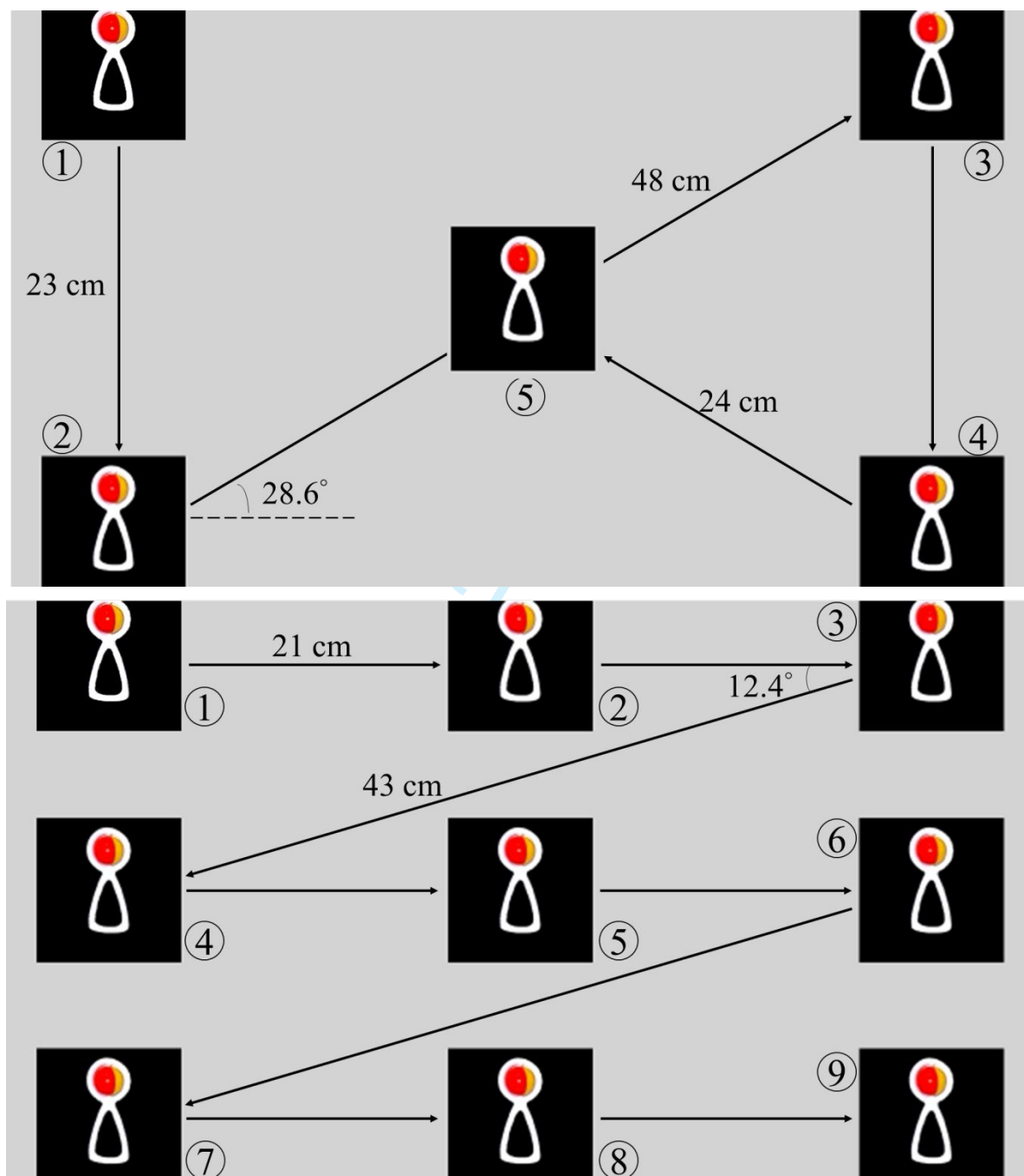
**Table 8**

*Descriptive Statistics and Post Hoc Pairwise Comparisons of AOI Duration Effects on the Proportion of AOI Hits in Macaque Infants Averaging across all AOI Sizes*

Age	AOI Duration	Mean	SD	Comparison	df	t	p	d
2 weeks	0 ms	.06	.13	-				
	200 ms	.06	.13	-				
	400 ms	.06	.14	-				
	600 ms	.06	.14	-				
	800 ms	.06	.14	-				
	1000 ms	.06	.14	-				
3 weeks	0 ms	.20	.31	-				
	200 ms	.20	.31	-				
	400 ms	.20	.31	-				
	600 ms	.21	.32	-				
	800 ms	.21	.31	-				
	1000 ms	.21	.31	-				
6 months	0 ms	.51	.37	-				
	200 ms	.56	.34	200 vs 0	910	3.43	.001	.23*
	400 ms	.59	.31	400 vs 200	910	2.41	.016	.16
	600 ms	.60	.28	600 vs 400	910	.77	.440	.04
	800 ms	.59	.26	800 vs 600	910	-.22	.826	.01
	1000 ms	.59	.24	1000 vs 800	910	.00	.997	.00

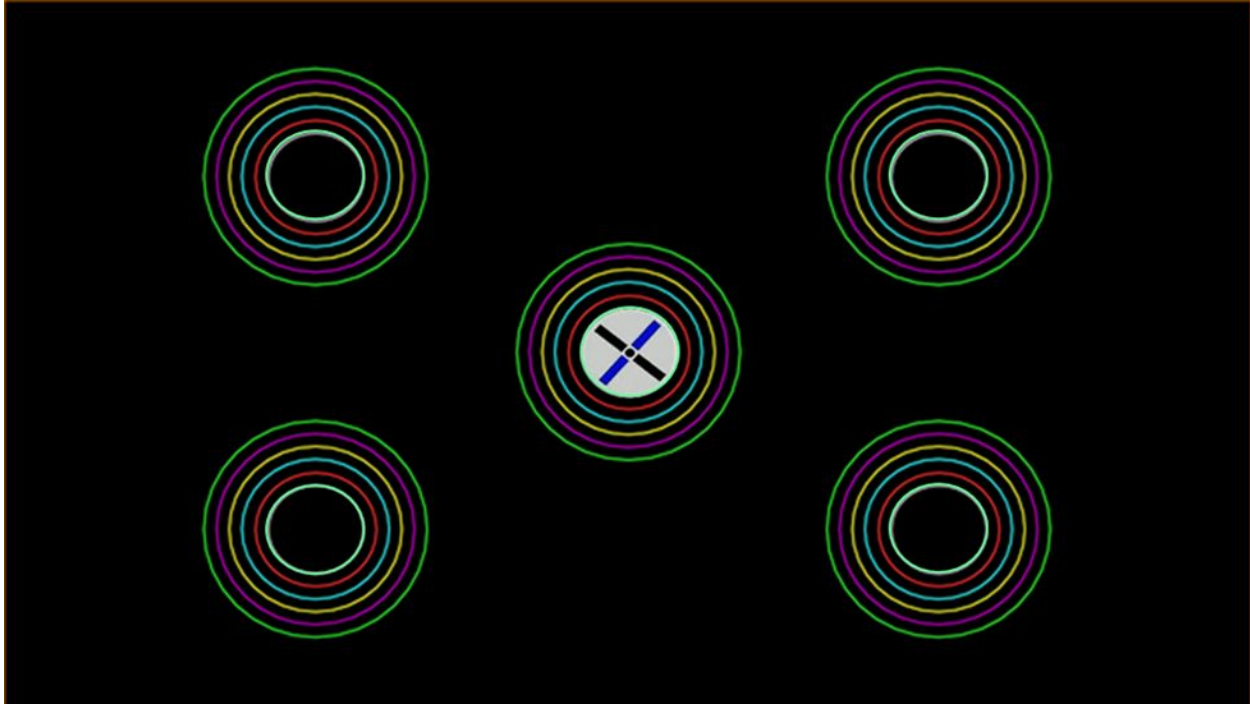
*Note.* Descriptive statistics for AOI durations are reported for all ages. Follow-up comparisons were only conducted at 6 months for macaque infants given that the one-way ANOVA showed significant Temporal effect at 6 months, but not at 2 weeks or 3 weeks of age. *SD* = standard deviation, \*  $p < \alpha_{adj}$  (.0

## Figures



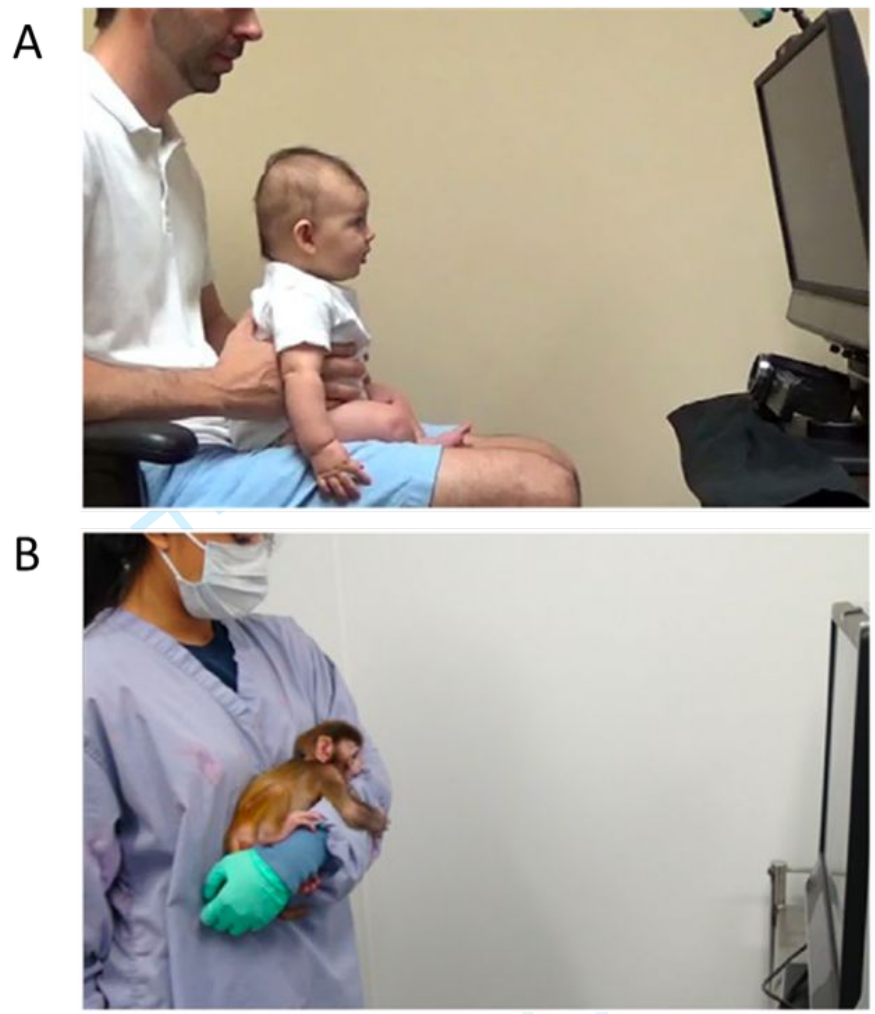
**Figure 1.** Calibration screens for 5-point calibration (top) and 9-point calibration (bottom), displaying the order in which the calibration stimulus (here, a rattle) appeared (reflected in the circled numbers), distances between calibration points, and visual angles. In addition, for 2-point calibration in the Tobii TX300 system, infants must shift their focus of attention once across a distance of 48 cm (45.03° visual angle) and an angle of 28.6°.



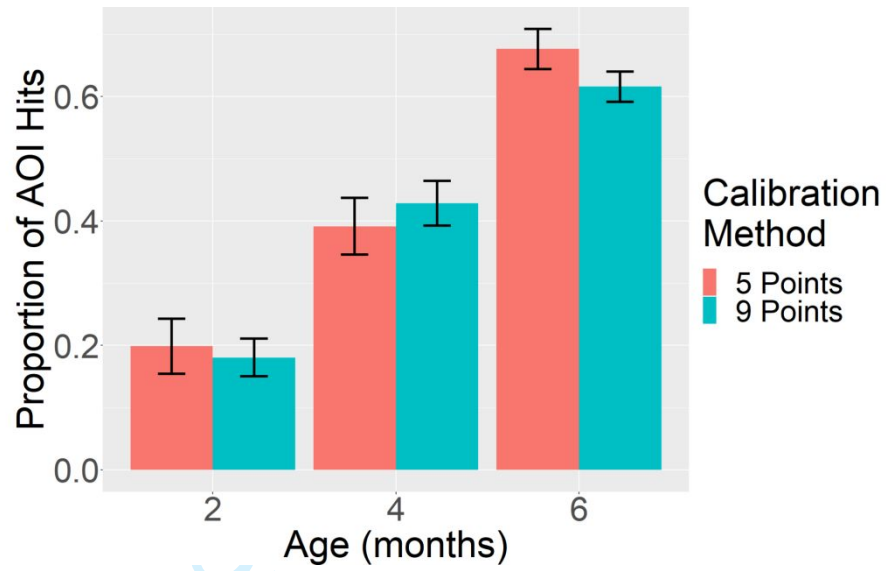


**Figure 2.** Illustration of areas of interests (AOIs) on the video stimulus with various spatial enlargements (from innermost circle to outermost circle:  $0^\circ$ ,  $1^\circ$ ,  $2^\circ$ ,  $3^\circ$ ,  $4^\circ$ , and  $5^\circ$ ) and AOI duration (temporal prolongation time: 0 ms, 200 ms, 400 ms, 600 ms, 800 ms, 100 ms). The smallest circle at each location matched the Disk Stimulus perfectly. A still image example of the Disk Stimulus is shown in the center AOI.

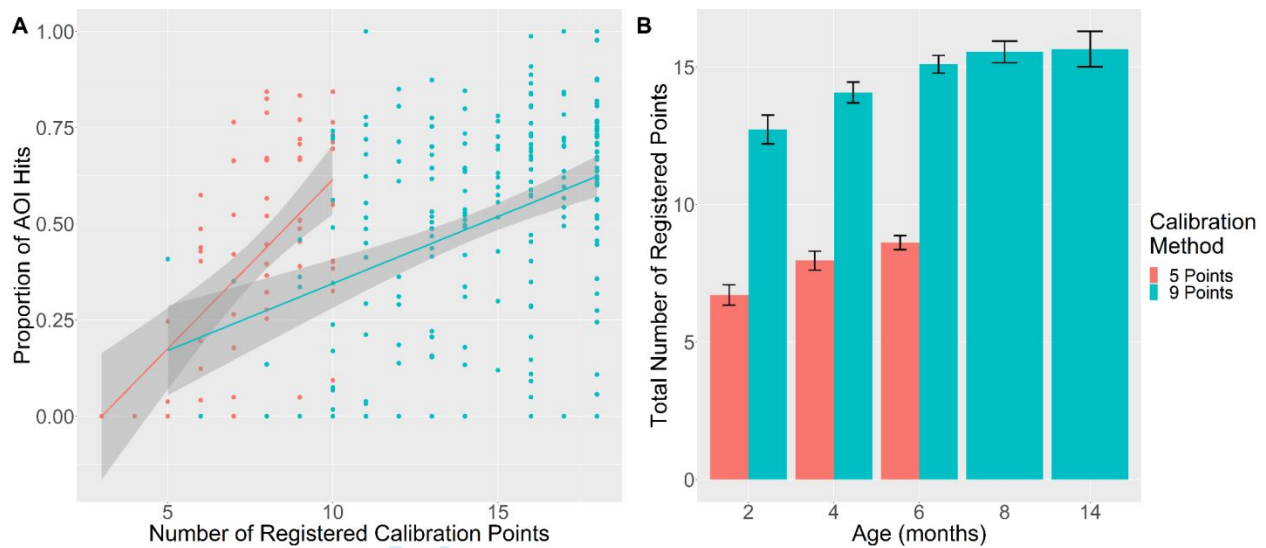
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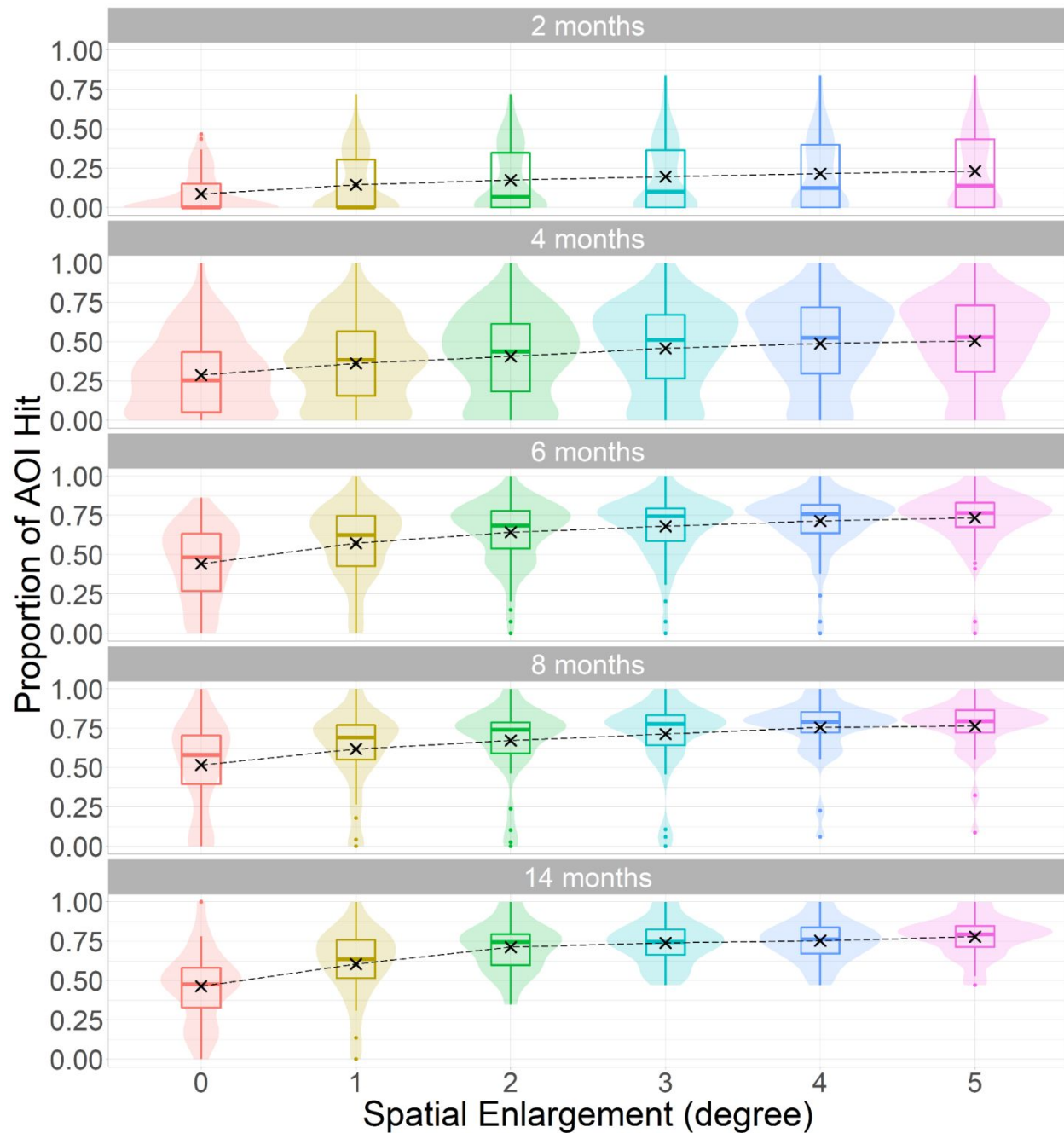
**Figure 3.** Side-view of the experimental testing setup for (A) human infant on a caregiver's lap and (B) macaque infant held by an experimenter (from Maylott et al., 2020).



**Figure 4.** Means and standard errors of the proportions of AOI hits averaging across AOI sizes and durations for 5-point (red) and 9-point (blue) calibration in 2-, 4-, and 6-month-old human infants.

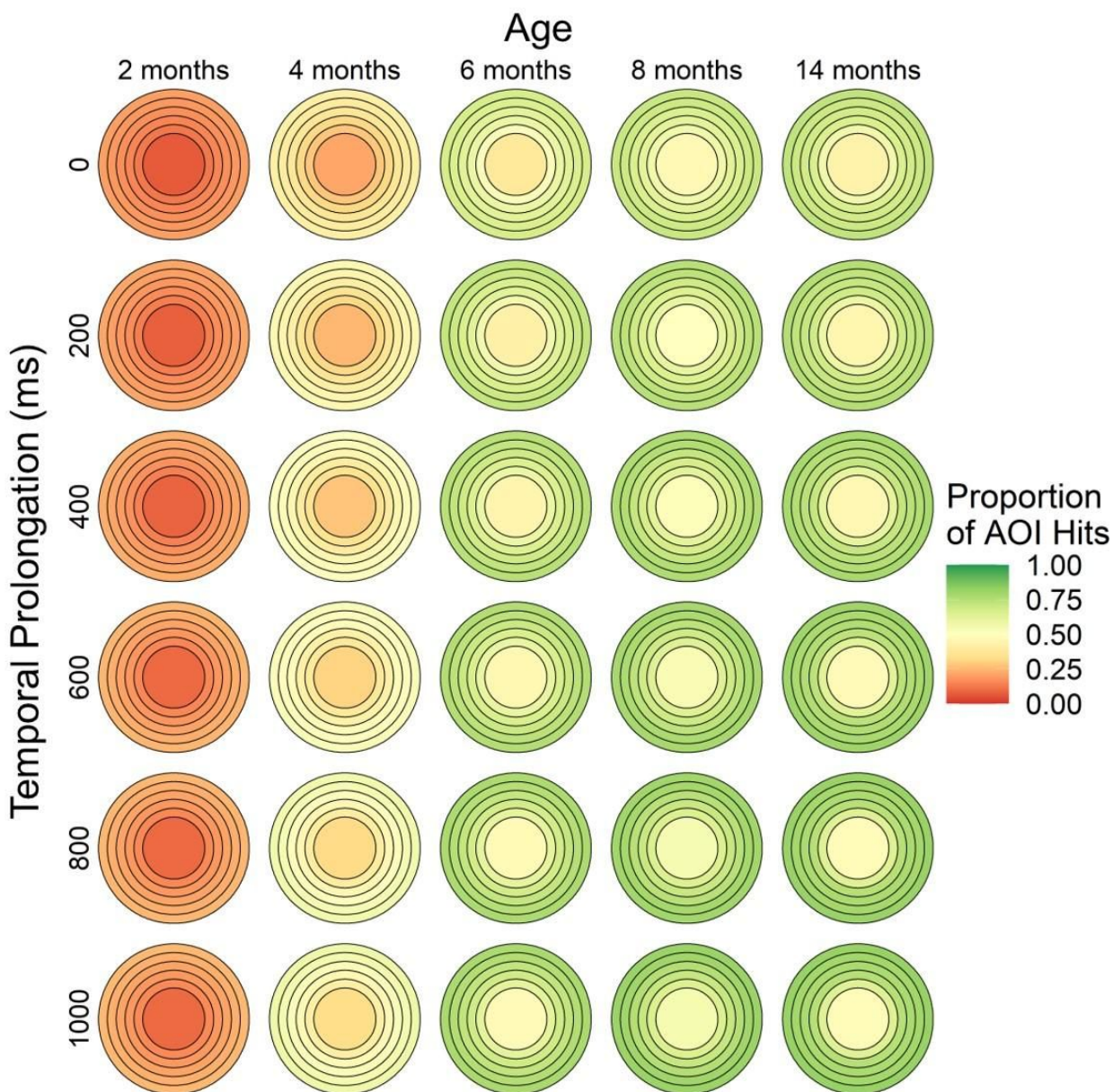


**Figure 5.** (A) Scatter plot displaying the correlation between the number of registered calibration points and the proportion of AOI hits detected in the areas of interest, averaging across age, AOI sizes, and AOI durations, for infants using different calibration methods (red: 5-point calibration; blue: 9-point calibration). The lines indicate the regression line and the shaded area surrounding indicates standard error of the regression line. (B) Means and standard errors of the total number of registered calibration points for 5-point (red) and 9-point (blue) calibration in human infants at each age. The 5-point calibration was used only at 2, 4, and 6 months.

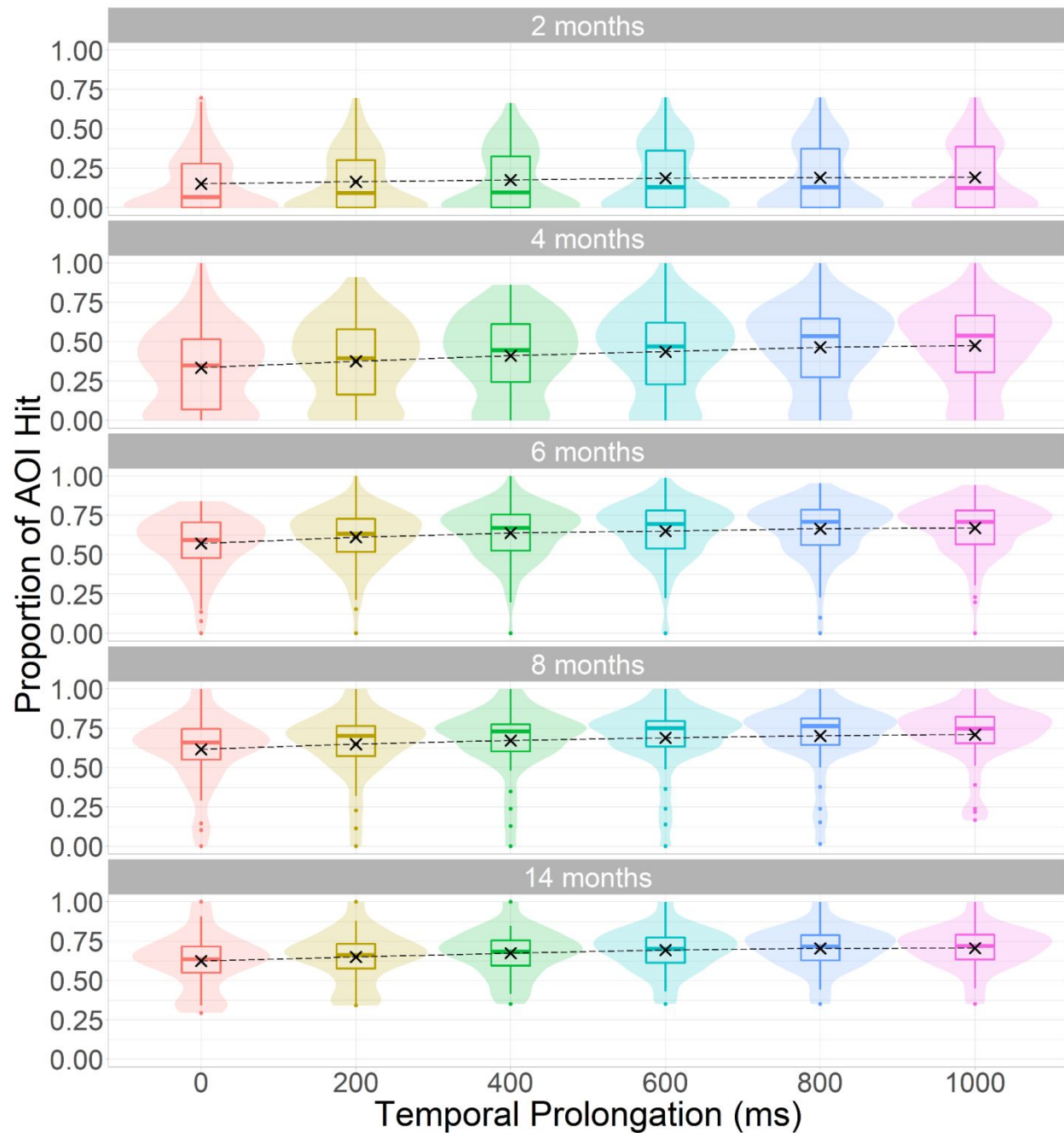


**Figure 6.** Effect of AOI size (spatial enlargement of AOI) on the proportion of AOI hits, averaging across AOI duration (temporal prolongation of AOI) at each age, in human infants, from 2 months of age (top) to 14 months of age (bottom). Boxplots: Horizontal lines within the boxplots indicate the medians. Hinges of the boxplots show the first (bottom) and third (top) quartiles. The whiskers extend up to  $1.5 \times$  Interquartile Range (IQR; distance between top and bottom hinges), above and below the hinges. The violin plots show the distribution of the AOI hits. The black “X” indicates the means.

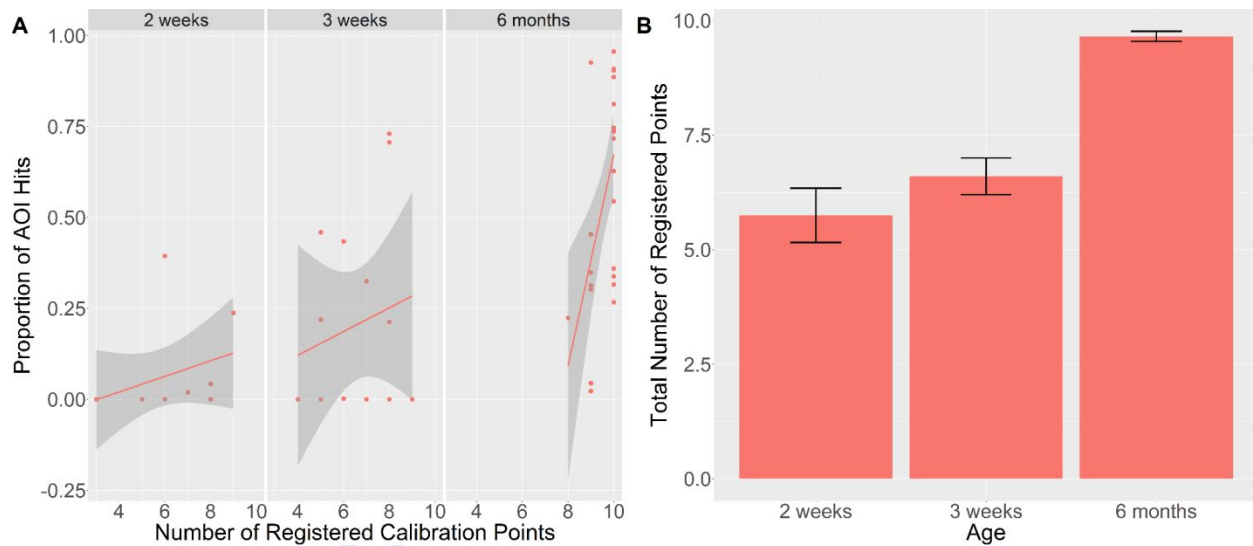




**Figure 7.** Effect of AOI size (spatial enlargement of AOI), reflected by the concentric circles (from innermost circle to outermost: 0°, 1°, 2°, 3°, 4°, and 5°) on the proportion of AOI hits out of the total number of hits on the screen, for 0-ms (top) to 1000-ms temporal prolongation (bottom), at each age in human infants, from 2 months of age (left most) to 14 months of age (right most), averaging across the 6 target disk locations. Color shading represents the cumulative proportion of AOI hits in an AOI with a corresponding spatial enlargement and temporal prolongation (dark red = 0, light yellow = .5, dark green = 1.0). The outer circles contain the inner circles, so if the proportion of AOI hits increases as the AOIs grow larger, this change reflects the larger AOIs capturing a greater proportion of AOI hits.

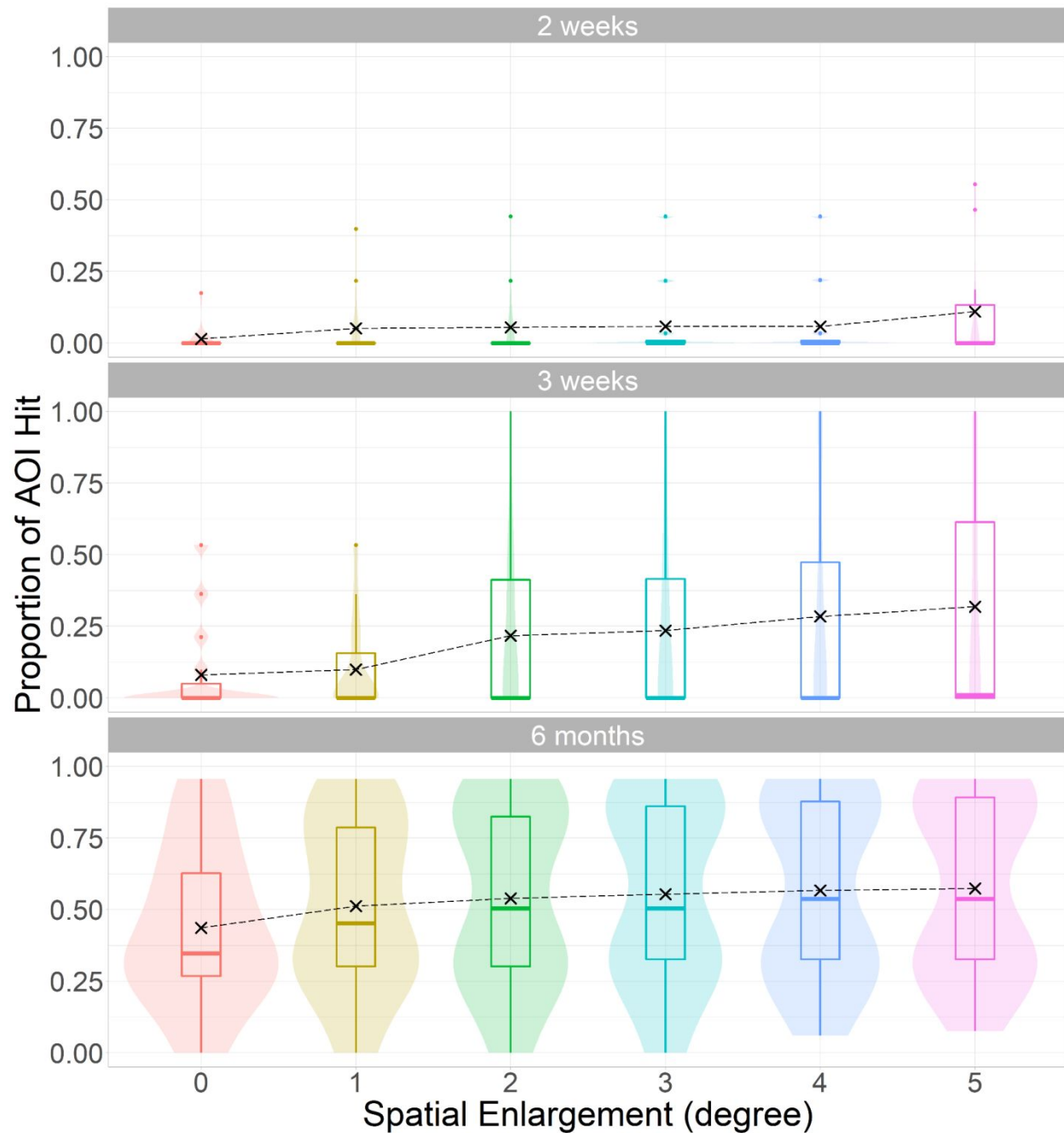


**Figure 8.** Effect of AOI duration (temporal prolongation of AOI) on proportion of AOI hits, averaging across AOI size (spatial enlargement of AOI) at each age, in human infants, from 2 months of age (top) to 14 months of age (bottom). Boxplots: Horizontal lines within the boxplots indicate the medians. Hinges of the boxplots show the first (bottom) and third (top) quartiles. The whiskers extend up to  $1.5 \times$  Interquartile Range (IQR; distance between top and bottom hinges), above and below the hinges. The violin plots show the distribution of the AOI hits. The black “X” indicates the means.

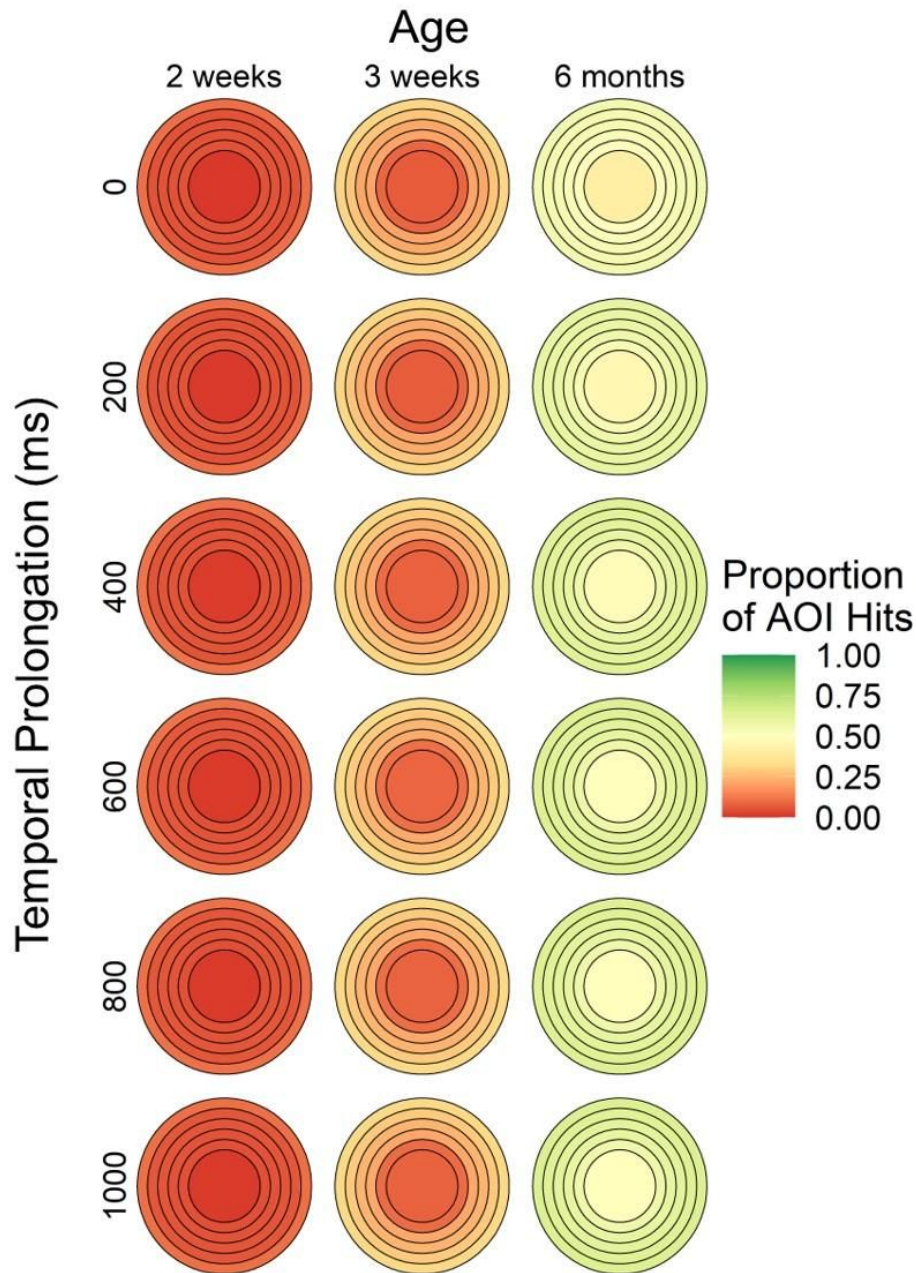


**Figure 9.** (A) Scatter plot displaying the correlation between the number of registered calibration points and the proportion of AOI hits detected in the areas of interest, averaging across age, AOI sizes, and AOI durations, for macaque infants. The lines indicate the regression line and the shaded area surrounding indicates standard error of the regression line. (B) Means and standard errors of the total number of registered calibration points in macaque infants at each age. All macaque infants used 5-point calibration.

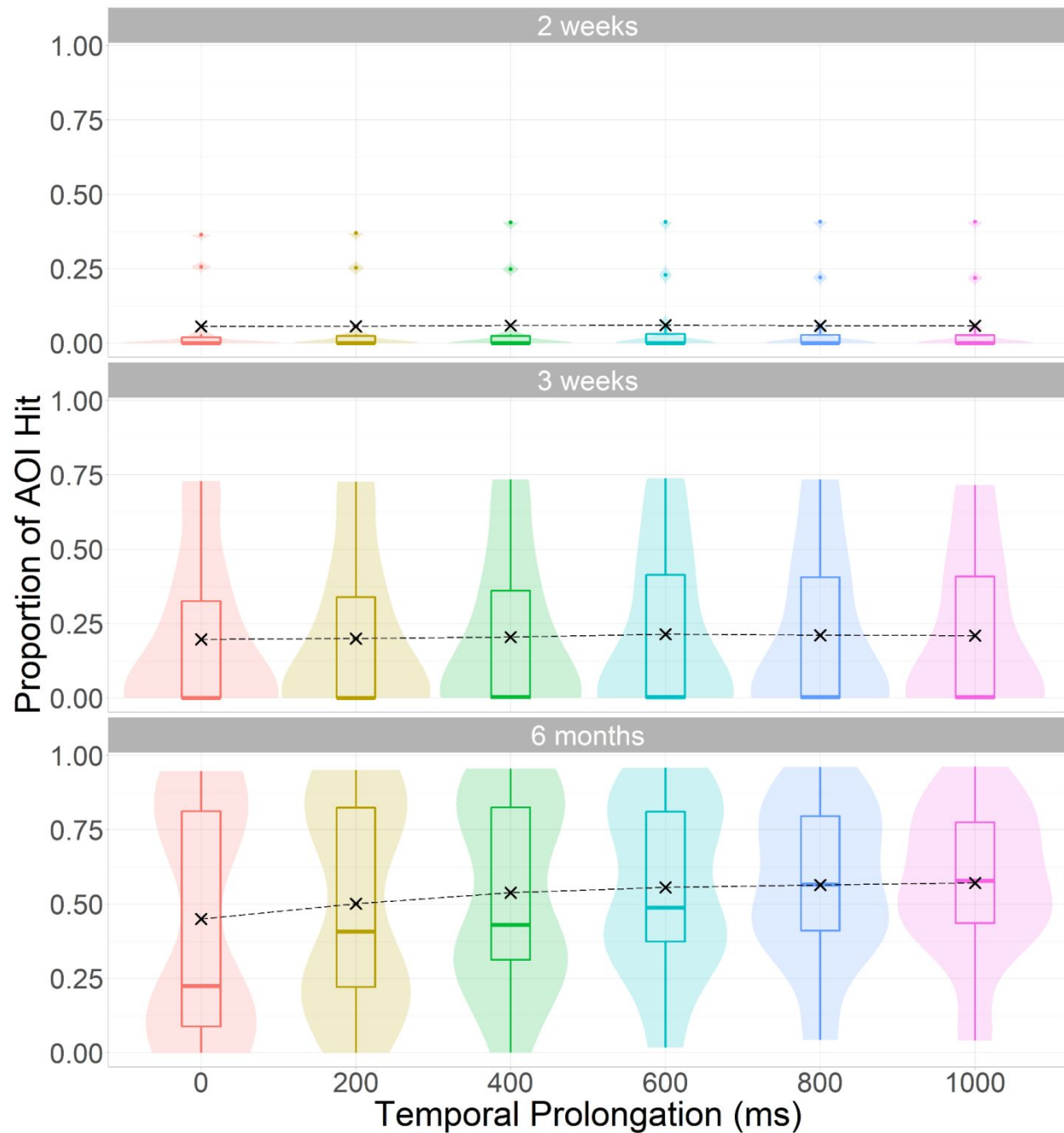




**Figure 10.** Effect of AOI size (spatial enlargement of AOIs) in macaque infants averaging across AOI duration (temporal prolongation of AOI) at each age at 2 weeks (top), 3 weeks (middle), and 6 months (bottom) of age. Boxplots: Horizontal lines within the boxplots indicate the medians. Hinges of the boxplots show the first (bottom) and third (top) quartiles. The whiskers extend up to  $1.5 \times$  Interquartile Range (IQR; distance between top and bottom hinges), above and below the hinges. The violin plots show the distribution of the AOI hits. The black “X” indicates the means.



**Figure 11.** Effect of AOI size (spatial enlargement of AOI), reflected by the concentric circles (from innermost circle to outermost: 0°, 1°, 2°, 3°, 4°, and 5°), on the proportion of AOI hits out of the total number of fixations on the screen, for 0-ms (top) to 1000-ms temporal prolongation (bottom), at each age in macaque infants, at 2 weeks (left most), 3 weeks (middle), and 6 months of age (right most), averaging across the 6 target disk locations. Color shading represents the cumulative proportion of AOI hits in an AOI with a corresponding spatial enlargement and temporal prolongation (dark red = 0, light yellow = .5, dark green = 1.0). The outer circles contain the inner circles, so if the proportion of AOI hits increases as the AOIs grow larger, this change reflects the larger AOIs capturing a greater proportion of AOI hits.



**Figure 12.** Effect of AOI temporal prolongation in macaque infants averaging across spatial enlargement at each age at 2 weeks (top), 3 weeks (middle), and 6 months (bottom) of age. Boxplots: Lines within the boxplots indicate the medians. Hinges of the boxplots show the first (bottom) and third (top) quartiles. The whiskers extend up to  $1.5 \times$  Interquartile Range (IQR; distance between top and bottom hinges), above and below the hinges. The violin plots show the distribution of the AOI hits. The black “X” indicates the means.

**Video Caption**

**Video 1.** Video stimulus (1280 × 720 pixels) used in the current study. A series of high contrast disks appear one at a time on a black background. Each disk appears for 2 seconds, then disappears, with 1 second between each presentation (black screen only). Disks are 90 pixels in height (3.42° visual angle) and 98 pixels wide (3.73° visual angle). The center of each disk appears at each of the 6 locations (x and y coordinates relative to the top left corner of 0,0 pixels) in the order: middle (641, 320); top left (320, 181); bottom left (320, 541); top right (959, 181); bottom right (959, 541); middle (641, 320). Video is also available at: [https://osf.io/p9mwk/?view\\_only=a0800300342b44f883c95145d45b411c](https://osf.io/p9mwk/?view_only=a0800300342b44f883c95145d45b411c).

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## Supplementary Materials

### Open-Access Data and R Scripts

All de-identified data for both human and macaque infant eye tracking, and R markdown for replicating data analyses, are available in the supplementary files and can also be accessed from [https://osf.io/p9mwk/?view\\_only=a0800300342b44f883c95145d45b411c](https://osf.io/p9mwk/?view_only=a0800300342b44f883c95145d45b411c).

### Human Infant Results Excluding Data Using Age-matched Calibration Profiles

Individual calibration points that were missing or judged to be unreliable were repeated until an acceptable calibration was obtained. In addition, several infants could not be calibrated at all in some testing sessions (13 sessions); for this subset of subjects, a calibration from an infant of the same age was used instead (2 months old: 6 sessions of 5-point and 5 sessions of 9-point; 4 months old: 2 session of 9-point). Data from these sessions were excluded from the subsequent analyses.

We conducted the same analyses for spatial enlargement and temporal prolongation of the AOIs on the proportions of AOI hits excluding the data from the sessions without successful calibration. The mixed effects ANOVA model for human infants revealed a main effect of age,  $F(4, 61.41) = 68.12, p < .001, \eta_p^2 = .02$ . Hence, there was a greater proportion of hits to the AOI as infants aged. We also found main effects of AOI size,  $F(5, 9890.74) = 1103.27, p < .001, \eta_p^2 = .33$ , and AOI duration,  $F(5, 9891.013) = 157.25, p < .001, \eta_p^2 = .05$ . Both spatial enlargement of AOIs and temporal prolongation of AOIs improved the proportion of AOI fixation hits. However, we did not detect an AOI size  $\times$  duration interaction,  $F(25, 9890.74) = .35, p = .999, \eta_p^2 = .001$ , nor an AOI size  $\times$  AOI duration  $\times$  age interaction,  $F(100, 9890.74) = .04, p > .999, \eta_p^2 < .001$ . We did, however, detect an AOI size  $\times$  age interaction,  $F(20, 9890.74) = 18.18, p < .001,$

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3  $\eta_p^2 = .02$ , as well as an AOI duration  $\times$  age interaction,  $F(20, 9891.13) = 7.59, p < .001, \eta_p^2 = .01$ .

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5 These results are consistent with the analyses with the data using age-matched calibration  
6 profiles for infants who could not be calibrated. Therefore, using age-matched calibration  
7 profiles seemed not to affect our main findings and interpretations.  
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11 We further explored the AOI size  $\times$  age interaction effect, with a one-way ANOVA  
12 testing for a main effect of AOI size at 2 and 4 months (other ages did not have infants who  
13 could not be calibrated). The AOI size main effect was statistically significant at each of the  
14 ages,  $ps < .001$  (Table S1), suggesting that, regardless of age, increasing AOI size improved the  
15 proportion of AOI hits. We evaluated the AOI size effect with multiple pairwise comparisons  
16 between consecutive levels of spatial enlargement of AOI separately at each age (Table S2). At  
17 both 2 and 4 months, spatial enlargement of the AOI up to 4° improved the proportion of AOI  
18 hits.  
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31 We also tested the AOI duration  $\times$  age interaction effect with one-way ANOVAs, which  
32 revealed a main effect of AOI duration at 2 and 4 months,  $ps < .001$  (Table S1). We evaluated  
33 the temporal effect with multiple pairwise comparisons between consecutive levels of AOI  
34 duration (temporal prolongation of AOI) separately at each age (Table S3). At 2 months,  
35 averaging across all spatial enlargements, temporal prolongation of the AOI after the disk  
36 disappearance did not appear to improve the proportion of AOI hits. At 4 months, temporal  
37 prolongation up to 800 ms after the disk disappeared improved the proportion of AOI hits.  
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47 The only difference in the findings was that the AOI enlargement to 5° was not  
48 statistically significant after Bonferroni correction at 2 months, which was statistically significant  
49 in the findings including the infants who could not be calibrated. In sum, these findings from the  
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3 data excluding the infants who could not be calibrated did not differ significantly from the  
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5 findings from the data including those infants.  
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## Supplementary Tables

Table S1

*Post Hoc ANOVAs of AOI Size and AOI Duration Effects on the Proportion of AOI Hits at Each Age in Human Infants Using Own Calibration Profiles*

Age	Effect	$df_B$	$df_W$	$F$	$p$	$\eta_p^2$
2 months	AOI Size	5	2136.00	182.14	< .001	.29
	AOI Duration	5	2136.14	11.62	< .001	.02
4 months	AOI Size	5	2788.93	242.22	< .001	.27
	AOI Duration	5	2789.09	100.29	< .001	.11

*Note.* Critical  $\alpha$  level was corrected with Bonferroni correction, adjusted  $\alpha = .05/5 = .01$ .  $df_B$  = between-group degrees of freedom.  $df_W$  = within-group degrees of freedom.  $\eta_p^2$  = partial eta squared. \*  $p < \alpha_{adj}$  (.01).



**Table S2**

*Descriptive Statistics and Post Hoc Pairwise Comparisons of AOI Size Effects on the Proportion of AOI Hits at 2 and 4 Months in Human Infants Using Own Calibration Profiles Averaging across all AOI Durations*

Age	AOI Size	Mean	SD	Comparison	df	t	p	d
2 months	0°	.09	.13					
	1°	.15	.19	1° vs 0°	2141.00	10.79	< .001	.47*
	2°	.18	.21	2° vs 1°	2141.00	5.34	< .001	.23*
	3°	.20	.23	3° vs 2°	2141.00	3.98	< .001	.17*
	4°	.22	.24	4° vs 3°	2141.00	3.17	.002	.14*
	5°	.23	.24	5° vs 4°	2141.00	2.26	.024	.10
4 months	0°	.29	.25					
	1°	.36	.27	1° vs 0°	2793.92	9.21	< .001	.35*
	2°	.41	.28	2° vs 1°	2793.92	5.31	< .001	.20*
	3°	.46	.29	3° vs 2°	2793.92	6.38	< .001	.24*
	4°	.49	.29	4° vs 3°	2793.92	3.65	< .001	.14*
	5°	.51	.29	5° vs 4°	2793.92	2.09	.036	.08*

Note. *SD* = standard deviation. \*  $p < \alpha$  adj (.01).

**Table S3**

*Descriptive Statistics and Post Hoc pairwise comparisons of AOI Duration Effect on the Proportion of AOI Hits at Each Age in Human Infants Using Own Calibration Profiles Averaging across all AOI Sizes*

Age	AOI Duration	Mean	SD	Comparison	df	t	p	d
2 months	0 ms	.15	.20					
	200 ms	.16	.21	200 vs 0	2141.00	1.42	.155	.06
	400 ms	.17	.21	400 vs 200	2141.00	1.12	.261	.05
	600 ms	.19	.22	600 vs 400	2141.00	1.61	.107	.07
	800 ms	.19	.22	800 vs 600	2141.37	.64	.525	.03
	1000 ms	.19	.23	1000 vs 800	2141.00	.24	.809	.01
4 months	0 ms	.34	.28					
	200 ms	.38	.28	200 vs 0	2793.91	4.56	< .001	.17*
	400 ms	.41	.28	400 vs 200	2793.91	3.89	< .001	.15*
	600 ms	.44	.29	600 vs 400	2794.29	2.72	.007	.10*
	800 ms	.47	.29	800 vs 600	2793.91	3.18	.001	.12*
	1000 ms	.48	.28	1000 vs 800	2793.91	1.12	.263	.04

Note. *SD* = standard deviation. \*  $p < \alpha$  adj (.01).

**Table S4***Demographics for Participated Infants and Families*

	<i>N</i>	<i>%</i>
<b>Total</b>	<b>119</b>	
<b>Infant Sex</b>		
Male	70	58.82%
Female	49	41.18%
<b>Infant Ethnicity</b>		
Hispanic or Latino	66	55.46%
Other	49	41.18%
Not Reported	4	3.36%
<b>Infant Race</b>		
White/Caucasian	73	61.34%
Black/African American	21	17.65%
Other (unknown/not reported)	8	6.72%
Black/African and White/Caucasian	5	4.20%
Asian and White/Caucasian	3	2.52%
Black/African American and Asian	1	0.84%
Black/African American, Asian, and White/Caucasian	2	1.68%
Black/African American and Other	1	0.84%
American Indian/Alaska Native and White/Caucasian	1	0.84%
American Indian/Alaska Native, Asian, Native Hawaiian or Pacific Islander	2	1.68%
Black/African American, American Indian/Alaska Native, and White/Caucasian	1	0.84%
Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and White/Caucasian	1	0.84%
<b>Maternal Education</b>		
≤ High School	7	5.88%
Some College	21	17.65%
2-year College	13	10.92%
4-year College	34	28.57%
Advanced/Professional Degree	40	33.61%
Not Reported	4	3.36%
<b>Paternal Education</b>		
≤ High School	29	24.37%

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3	Some College	14	11.76%
4	2-year College	12	10.08%
5	4-year College	35	29.41%
6	Advanced/Professional Degree	22	18.49%
7	Not Reported	7	5.88%
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10			
11	<b>Annual Household Income</b>		
12	\$5,000 - \$9,999	4	3.36%
13	\$10,000 - \$19,999	4	3.36%
14	\$20,000 - \$29,999	8	6.72%
15	\$30,000 - \$39,999	14	11.76%
16	\$40,000 - \$49,999	6	5.04%
17	Over \$50,000	78	65.55%
18	Not Reported	5	4.20%
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22			
23		<i>Mean</i>	<i>SD</i>
24	<b>Infant Birth Weight (lbs.)</b>	7.19	.95
25	<b><sup>a</sup>Household Size</b>	3.37	1.48

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27 *Note.* *SD* = Standard Deviation. <sup>a</sup>Household size indicates the number of individuals living in  
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**Table S5**

*Model Comparisons with Likelihood Ratio Test for Calibration Effects on Proportion of AOI Hits for Human Infants*

<i>Model</i>	<i>Parameters</i>	<i>AIC</i>	<i>BIC</i>	<i>Log Likelihood</i>	<i>Test</i>	$\chi^2$ ( <i>df</i> )	<i>p</i>
m0	<sup>a</sup> intercepts	65.29	75.53	-29.65	-	-	-
m1	<sup>a</sup> intercepts, calibration	67.14	80.79	-29.57	m1 vs m0	.15 (1)	.699
m2**	<sup>a</sup> intercepts, age	-49.20	-32.14	29.60	m2 vs m0	118.49 (2)	< .001
m3	<sup>a</sup> intercepts, calibration, age, calibration×age	-44.94	-17.64	30.47	m3 vs m2	1.74 (3)	.629
m4	<sup>a, b</sup> intercepts, age	-47.20	-26.73	29.60	m4 vs m2	< 0.01 (1)	> .999
m5	<sup>a, c</sup> intercepts, age	-47.20	-26.73	29.60	m5 vs m2	< 0.01 (1)	> .999

*Note.* <sup>a</sup>Indicates inclusion of random variance at the infant-level. <sup>b</sup>Indicates inclusion of random variance at the age-level. <sup>c</sup>Indicates inclusion of random variance at the calibration-method-level. \*\*best-fitting model.

**Table S6**

*Model Comparisons with Likelihood Ratio Test for Total Registered Points Effects on Proportion of AOI Hits for Human Infants*

<i>Model</i>	<i>Parameters</i>	<i>AIC</i>	<i>BIC</i>	<i>Log Likelihood</i>	<i>Test</i>	$\chi^2$ ( <i>df</i> )	<i>p</i>
<b>5-Point</b>							
m0	<sup>a</sup> intercepts	22.18	28.84	-8.09	-	-	-
m1	<sup>a</sup> intercepts, registered points	-0.93	7.95	4.46	m1 vs m0	25.11 (1)	< .001
m2**	<sup>a</sup> intercepts, registered points, age	-28.78	-15.46	20.39	m2 vs m1	31.85 (2)	< .001
m3	<sup>a</sup> intercepts, registered points, age, registered points×age	-24.91	-7.15	20.46	m3 vs m2	.13 (2)	.937
m4	<sup>a, b</sup> intercepts, registered points, age	-26.78	-11.24	20.39	m4 vs m2	< 0.01 (1)	> .999
m5	<sup>a, b</sup> intercepts, <sup>b</sup> registered points, age	-22.78	-2.80	20.39	m5 vs m2	< 0.01 (3)	> .999
m6	<sup>a, b</sup> intercepts, <sup>a, b</sup> registered points, age	<i>Failed to converge</i>					
<b>9-point</b>							
m0	<sup>a</sup> intercepts	64.39	74.53	-29.20	-	-	-
m1	<sup>a</sup> intercepts, registered points	33.98	47.50	-12.99	m1 vs m0	32.41 (1)	< .001
m2**	<sup>a</sup> intercepts, registered points, age	-56.20	-29.16	36.10	m2 vs m0	98.18 (4)	< .001
m3	<sup>a</sup> intercepts, registered points, age, registered points×age	-53.40	-12.85	38.70	m3 vs m2	5.20 (4)	.267
m4	<sup>a, b</sup> intercepts, registered points, age	-54.20	-23.78	36.10	m4 vs m2	< .01 (1)	> .999
m5	<sup>a, b</sup> intercepts, <sup>b</sup> registered points, age	-50.07	-12.90	36.04	m5 vs m2	< .01 (3)	> .999
m6	<sup>a, b</sup> intercepts, <sup>a, b</sup> registered points, age	-49.74	-5.80	37.87	m6 vs m2	3.54 (5)	.618

*Note.* <sup>a</sup>Indicates inclusion of random variance at the infant-level. <sup>b</sup>Indicates inclusion of random variance at the age-level. \*\*best-fitting model.

**Table S7**

*Model Comparisons with Likelihood Ratio Test for Calibration Effects on Total Number of Registered Points for Human Infants*

<i>Model</i>	<i>Parameters</i>	<i>AIC</i>	<i>BIC</i>	<i>Log Likelihood</i>	<i>Test</i>	$\chi^2$ ( <i>df</i> )	<i>p</i>
m0	<sup>a</sup> intercepts	1552.90	1563.90	-773.45	-	-	-
m1	<sup>a</sup> intercepts, calibration	1386.70	1401.30	-689.32	m1 vs m0	168.26 (1)	< .001
m2**	<sup>a</sup> intercepts, calibration, age	1355.00	1384.20	-669.48	m2 vs m0	39.68 (4)	< .001
m3	<sup>a</sup> intercepts, calibration, age, calibration×age	1358.60	1395.10	-669.31	m3 vs m2	0.35 (2)	.840
m4	<sup>a, b</sup> intercepts, calibration, age	1357.00	1389.80	-669.48	m4 vs m2	< .01 (1)	> .999
m5	<sup>a, c</sup> intercepts, calibration, age	1357.00	1389.80	-669.48	m5 vs m2	< .01 (1)	> .999
m6	<sup>a</sup> intercepts, <sup>a</sup> calibration, age	1354.80	1391.40	-667.42	m6 vs m2	4.12 (2)	.128

*Note.* <sup>a</sup>Indicates inclusion of random variance at the infant-level. <sup>b</sup>Indicates inclusion of random variance at the age-level. <sup>c</sup>Indicates inclusion of random variance at the calibration-method-level. \*\*best-fitting model.

**Table S8**

*Model Comparisons with Likelihood Ratio Test for AOI Size and Duration Effects on Proportion of AOI Hits for Human Infants*

<i>Model</i>	<i>Parameters</i>	<i>AIC</i>	<i>BIC</i>	<i>Log Likelihood</i>	<i>Test</i>	<i><math>\chi^2</math> (df)</i>	<i>p</i>
m0	<sup>a</sup> intercepts	2495.83	2517.62	-1244.92	-	-	-
m1	<sup>a</sup> intercepts, size	1519.61	1577.71	-751.81	m1 vs m0	986.22 (5)	< .001
m2	<sup>a</sup> intercepts, size, duration	1349.20	1443.62	-661.60	m2 vs m1	180.41 (5)	< .001
m3	<sup>a</sup> intercepts, size, duration, size×duration	1397.71	1673.69	-660.86	m3 vs m2	1.49 (25)	> .999
m4	<sup>a</sup> intercepts, size, duration, age, size×age, duration×age	-5243.83	-4829.87	2678.92	m4 vs m2	6681.03 (44)	< .001
m5	<sup>a</sup> intercepts, size, duration, age, size×age, duration×age, calibration	-5241.86	-4820.63	2678.93	m5 vs m4	.03 (1)	.873
m6	<sup>a, b</sup> intercepts, size, duration, age, size×age, duration×age	-5241.83	-4820.60	2678.92	m6 vs m4	< .01 (1)	> .999
m7**	<sup>a</sup> intercepts, size, duration, <sup>a</sup> age, size×age, duration×age	-16654.02	-16138.37	8398.01	m7 vs m4	18119.22 (14)	< .001

*Note.* <sup>a</sup>Indicates inclusion of random variance at the infant-level. <sup>b</sup>Indicates inclusion of random variance at the age-level. \*\*best-fitting model.



**Table S9**

*Model Comparisons with Likelihood Ratio Test for Total Registered Points Effects on Proportion of AOI Hits for Macaque Infants*

<i>Model</i>	<i>Parameters</i>	<i>AIC</i>	<i>BIC</i>	<i>Log Likelihood</i>	<i>Test</i>	$\chi^2$ ( <i>df</i> )	<i>p</i>
m0	<sup>a</sup> intercepts	37.42	43.33	-15.71	-	-	-
m1	<sup>a</sup> intercepts, registered points	38.92	46.80	-15.46	m1 vs m0	.50 (1)	.481
m2	<sup>a</sup> intercepts, registered points, age	11.01	22.83	.50	m2 vs m1	31.92 (2)	< .001
m3**	<sup>a</sup> intercepts, registered points, age, registered points×age	5.38	21.15	5.31	m3 vs m2	9.62 (2)	.008
m4	<sup>a, b</sup> intercepts, registered points, age, registered points×age	7.38	25.12	5.31	m4 vs m3	< 0.01 (1)	> .999
m5	<sup>a, b</sup> intercepts, <sup>b</sup> registered points, age, registered points×age	11.38	33.06	5.31	m5 vs m3	< 0.01 (3)	> .999
m6	<sup>a</sup> intercepts, <sup>a</sup> registered points, age, registered points×age	9.38	29.08	5.31	m6 vs m3	.01 (2)	.997

*Note.* <sup>a</sup>Indicates inclusion of random variance at the infant-level. <sup>b</sup>Indicates inclusion of random variance at the age-level. \*\*best-fitting model.

**Table S10**

*Model Comparisons with Likelihood Ratio Test for AOI Size and Duration Effects on Proportion of AOI Hits for Macaque Infants*

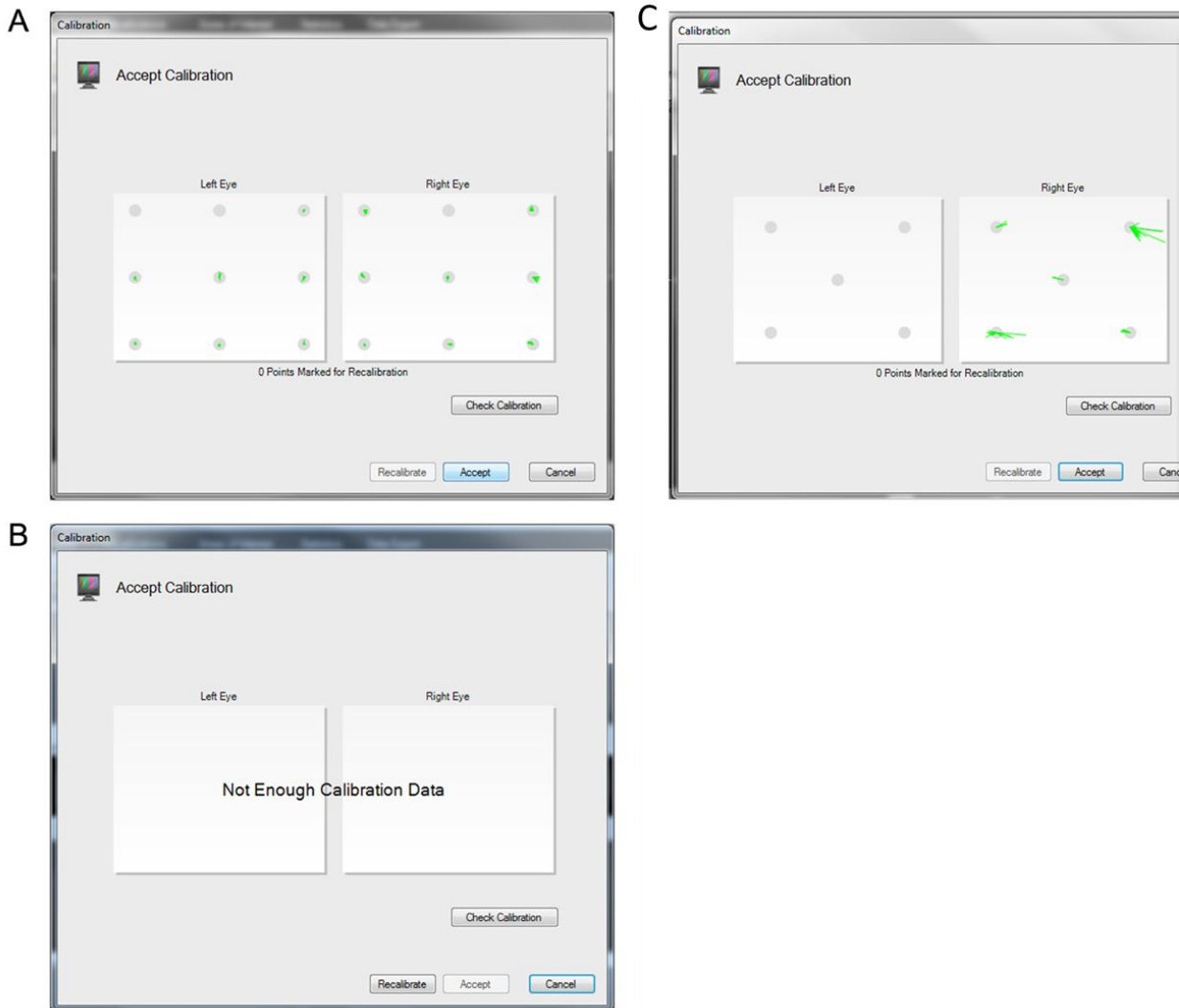
<i>Model</i>	<i>Parameters</i>	<i>AIC</i>	<i>BIC</i>	<i>Log Likelihood</i>	<i>Test</i>	$\chi^2$ ( <i>df</i> )	<i>p</i>
m0	<sup>a</sup> intercepts	187.51	204.17	-90.75	-	-	-
m1	<sup>a</sup> intercepts, size	105.73	150.16	-44.86	m1 vs m0	91.78 (5)	< .001
m2	<sup>a</sup> intercepts, size, duration	106.85	179.05	-40.43	m2 vs m1	8.87 (5)	.114
m3	<sup>a</sup> intercepts, size, duration, age, size×age, duration×age	-472.09	-277.71	271.05	m3 vs m2	622.94 (22)	< .001
m4	<sup>a</sup> intercepts, size, duration, age, size×age, duration×age, size×duration×age	-322.44	288.48	271.22	m4 vs m3	.35 (75)	> .999
m5**	<sup>a</sup> intercepts, size, duration, <sup>a</sup> age, size×age, duration×age	-2762.97	-2540.82	1421.49	m5 vs m3	2300.88 (5)	< .001

*Note.* <sup>a</sup>Indicates inclusion of random variance at the infant-level. \*\*best-fitting model.

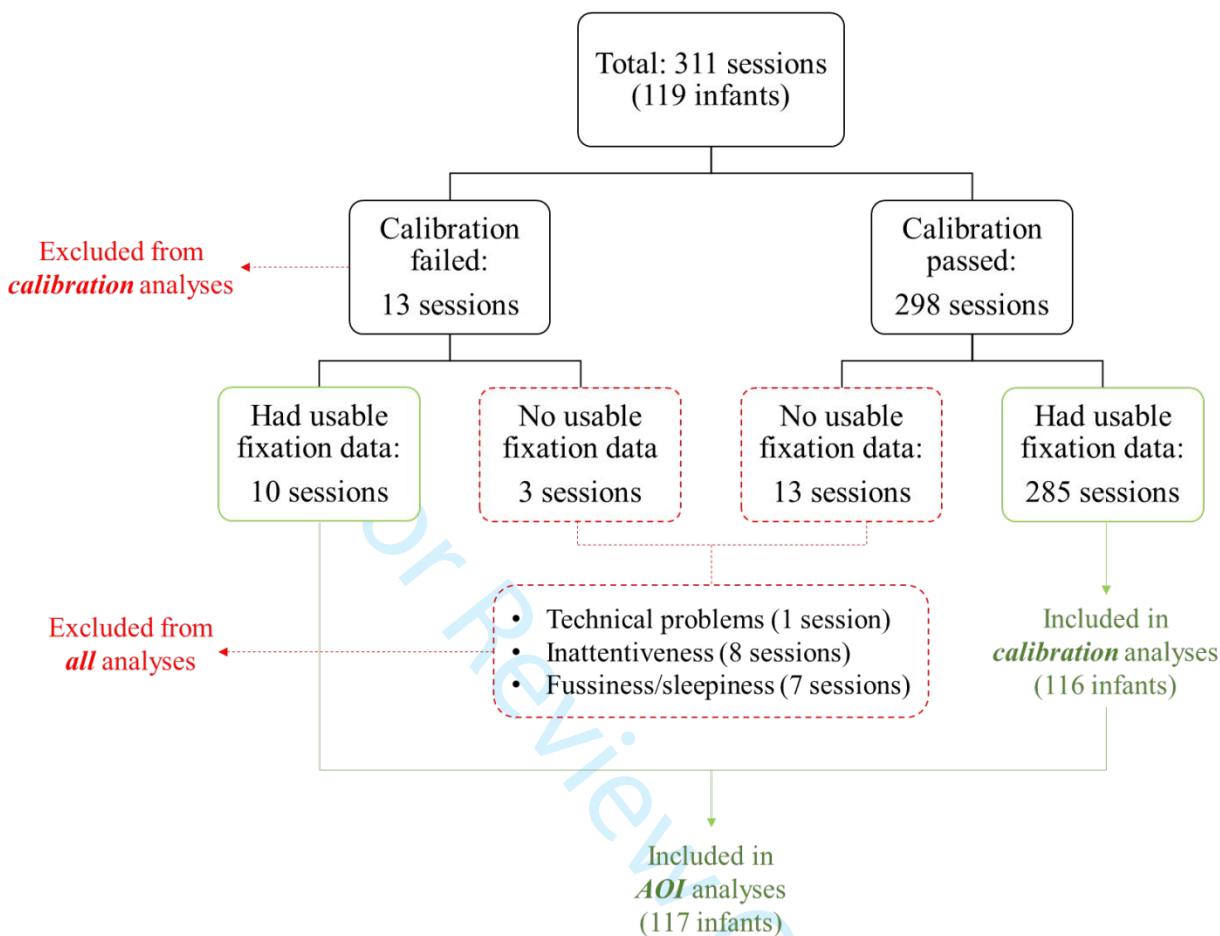
## Supplementary Figures

## Human Infant

## Macaque Infant



**Figure S1.** A) A pop-up window showed the outcome of a 2-month-old human infant's 9-point calibration. Registered calibrations are depicted by the green within each gray circle for each calibration screen location and each eye. This infant had 7 registered points for the left eye (no calibration for the top left and top middle points) and 8 registered points for the right eye (total number of registered points = 15). B) Display when no registered calibration points were obtained for either eye. C) Display of a macaque infant's 5-point calibration. This infant had no registered points for the left eye and 5 registered points for the right eye.



**Figure S2.** Human infant data usability and exclusion procedures. Three infants were excluded at all ages from the calibration analyses due to failed calibration or no usable fixation data. Two infants were excluded at all ages from the AOI analyses due to no usable fixation data.







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6	H70	6	NA	NA	NA	NA	NA	NA	NA
7	H71	14	#####	#####	#####	#####	#####	#####	#####
8	H71	4	0	0	0	0	0	0	0
9	H71	6	#####	#####	#####	#####	#####	#####	#####
10	H71	8	#####	#####	#####	#####	#####	#####	#####
11	H72	2	0	0	0	#####	#####	#####	0
12	H72	4	0	0	0	0	0	0	0
13	H72	6	#####	#####	#####	1	1	1	#####
14	H73	14	#####	#####	#####	#####	#####	#####	#####
15	H73	2	0	0	0	0	0	0	0
16	H73	4	#####	#####	#####	#####	#####	#####	#####
17	H73	6	#####	#####	#####	#####	#####	#####	#####
18	H73	8	#####	#####	#####	#####	#####	#####	#####
19	H74	2	0	0	0	0	0	0	0
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24	H76	8	#####	#####	#####	#####	#####	#####	#####
25	H77	14	#####	#####	#####	#####	#####	#####	#####
26	H77	2	#####	#####	#####	#####	#####	#####	#####
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28	H77	6	#####	#####	#####	#####	#####	#####	#####
29	H77	8	#####	#####	#####	#####	#####	#####	#####
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41	H81	4	0	#####	#####	#####	#####	#####	0
42	H81	6	#####	#####	#####	#####	#####	#####	#####
43	H81	8	#####	#####	#####	#####	#####	#####	#####
44	H82	2	#####	#####	#####	#####	#####	#####	#####
45	H82	6	#####	#####	#####	#####	#####	#####	#####
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48	H84	14	#####	#####	#####	#####	#####	#####	#####
49	H84	2	#####	#####	#####	#####	#####	#####	#####
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51	H84	6	#####	#####	#####	#####	#####	#####	#####
52	H84	8	#####	#####	#####	#####	#####	#####	#####
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54	H85	4	0	0	0	#####	#####	#####	#####
55	H85	6	#####	#####	#####	#####	#####	#####	#####
56	H86	4	0	0	0	0	0	0	0
57	H86	6	NA	NA	NA	NA	NA	NA	1
58	H87	2	0	#####	#####	#####	#####	#####	0
59	H88	4	0	0	0	0	0	0	0





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H108	8	#####	#####	#####	#####	#####	#####	#####	#####
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H110	2	0	0	0	0	0	0	0	0
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per_4deg_	per_5deg_	Cal	Calibration Points	left	right	calisum	Pointsn	
#####	#####	5,4	5,4	5 Points	5	4	9	0.5
#####	#####	3,2	3,2	5 Points	3	2	5	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	3,4	3,4	5 Points	3	4	7	0.5
0	0	2,3	2,3	5 Points	2	3	5	0.5
#####	#####	3,5	3,5	5 Points	3	5	8	0.5
#####	#####	3,5	3,5	5 Points	3	5	8	0.5
#####	#####	4,4	4,4	5 Points	4	4	8	0.5
#####	#####	5,5	5,4/5,5	5 Points	5	5	10	0.5
#####	#####	5,4	5,4	5 Points	5	4	9	0.5
#####	#####	2,4	2,4	5 Points	2	4	6	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	4,5	4,5	5 Points	4	5	9	0.5
#####	#####	3,3	3,3	5 Points	3	3	6	0.5
#####	#####	5,4	5,4	5 Points	5	4	9	0.5
#####	#####	3,5	3,5	5 Points	3	5	8	0.5
#####	#####	4,4	4,4	5 Points	4	4	8	0.5
#####	#####	3,4	3,4	5 Points	3	4	7	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	4,5	4,5	5 Points	4	5	9	0.5
#####	#####	3,3	3,3	5 Points	3	3	6	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	4,5	4,5	5 Points	4	5	9	0.5
#####	#####	4,4	4,4	5 Points	4	4	8	0.5
#####	#####	4,5	4,5	5 Points	4	5	9	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
0	0	3,2	3,2	5 Points	3	2	5	0.5
#####	#####	3,3	3,3	5 Points	3	3	6	0.5
#####	#####	5,4	5,4	5 Points	5	4	9	0.5
0	0	0,3	0,3	5 Points	0	3	3	0.5
0	0	NA	used 1023.	5 Points	NA	NA	NA	0.5
#####	#####	4,3	4,3	5 Points	4	3	7	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	3,2	3,2	5 Points	3	2	5	0.5
#####	#####	4,4	4,4	5 Points	4	4	8	0.5
0	0	2,3	2,3	5 Points	2	3	5	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	3,5	3,5	5 Points	3	5	8	0.5
#####	#####	4,4	4,4	5 Points	4	4	8	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	4,5	4,5	5 Points	4	5	9	0.5
#####	#####	4,2	4,2	5 Points	4	2	6	0.5
0	0	3,2	3,2	5 Points	3	2	5	0.5
#####	#####	4,5	4,5	5 Points	4	5	9	0.5
#####	#####	5,5	5,5	5 Points	5	5	10	0.5
#####	#####	4,4	4,4	5 Points	4	4	8	0.5
#####	#####	3,4	3,4	5 Points	3	4	7	0.5
#####	#####	4,3	4,3	5 Points	4	3	7	0.5
#####	#####	3,3	3,3	5 Points	3	3	6	0.5
0	0	4,4	4,4	5 Points	4	4	8	0.5
#####	#####	5,3	5,3	5 Points	5	3	8	0.5
#####	#####	4,4	4,4	5 Points	4	4	8	0.5
0	0	3,4	3,4	5 Points	3	4	7	0.5
#####	#####	3,5	3,5	5 Points	3	5	8	0.5

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3	#####	#####	3,4	3,4	5 Points	3	4	7	0.5
4	#####	#####	4,5	4,5	5 Points	4	5	9	0.5
5	#####	#####	5,3	5,3	5 Points	5	3	8	0.5
6	0	0	NA	no cal, user	5 Points	NA	NA	NA	0.5
7	#####	#####	7,6	7,6	9 Points	7	6	13	-0.5
8	#####	#####	3,3	3,3	5 Points	3	3	6	0.5
9	#####	#####	4,4	4,4	5 Points	4	4	8	0.5
10	0	0	5,4	5,4	5 Points	5	4	9	0.5
11	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
12	0	0	2,2	2,2	5 Points	2	2	4	0.5
13	0	0	3,3	3,3	5 Points	3	3	6	0.5
14	1	1	6,8	6,8	9 Points	6	8	14	-0.5
15	#####	#####	4,3	4,3	5 Points	4	3	7	0.5
16	#####	#####	6,6	6,6	9 Points	6	6	12	-0.5
17	0	0	NA	used 1052	5 Points	NA	NA	NA	0.5
18	#####	#####	6,6	6,6	9 Points	6	6	12	-0.5
19	#####	#####	5,5	5,5	5 Points	5	5	10	0.5
20	#####	#####	6,6	6,6	9 Points	6	6	12	-0.5
21	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
22	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
23	#####	#####	NA	used 1052	5 Points	NA	NA	NA	0.5
24	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
25	#####	#####	9,4	9,4	9 Points	9	4	13	-0.5
26	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
27	#####	#####	5,2	5,2	5 Points	5	2	7	0.5
28	0	0	3,6	3,6	9 Points	3	6	9	-0.5
29	#####	#####	NA	used 1052	5 Points	NA	NA	NA	0.5
30	#####	#####	4,9	4,9	9 Points	4	9	13	-0.5
31	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
32	#####	#####	6,3	6,3	9 Points	6	3	9	-0.5
33	#####	#####	3,8	3,8	9 Points	3	8	11	-0.5
34	#####	#####	3,3	3,3	5 Points	3	3	6	0.5
35	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
36	#####	#####	6,5	6,5	9 Points	6	5	11	-0.5
37	1	1	8,8	8,8	9 Points	8	8	16	-0.5
38	0.625	0.625	5,5	5,5	9 Points	5	5	10	-0.5
39	#####	#####	9,5	9,5	9 Points	9	5	14	-0.5
40	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
41	#####	#####	3,9	3,9	9 Points	3	9	12	-0.5
42	#####	#####	5,7	5,7	9 Points	5	7	12	-0.5
43	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
44	1	1	9,8	9,8	9 Points	9	8	17	-0.5
45	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
46	#####	#####	9,8	9,8	9 Points	9	8	17	-0.5
47	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
48	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
49	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
50	#####	#####	5,5	5,5	9 Points	5	5	10	-0.5
51	#####	#####	6,7	6,7	9 Points	6	7	13	-0.5
52	#####	#####	5,5	5,5	9 Points	5	5	10	-0.5
53	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
54	0	0	5,6	5,6	9 Points	5	6	11	-0.5
55	#####	#####	5,5	5,5	9 Points	5	5	10	-0.5
56	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
57	#####	#####	7,9	7,9	9 Points	7	9	16	-0.5
58	0	0	6,7	6,7	9 Points	6	7	13	-0.5
59	#####	#####	3,9	3,9	9 Points	3	9	12	-0.5

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3	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
4	#####	#####	7,9	7,9	9 Points	7	9	16	-0.5
5	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
6	0	#####	6,4	6,4	9 Points	6	4	10	-0.5
7	#####	#####	6,6	6,6	9 Points	6	6	12	-0.5
8	0	0	NA	no cal, use	9 Points	NA	NA	NA	-0.5
9	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
10	0	0	9,8	9,8	9 Points	9	8	17	-0.5
11	#####	0.8125	6,7	6,7	9 Points	6	7	13	-0.5
12	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
13	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
14	#####	#####	2,3	2,3	9 Points	2	3	5	-0.5
15	#####	#####	6,7	6,7	9 Points	6	7	13	-0.5
16	#####	#####	5,6	5,6	9 Points	5	6	11	-0.5
17	#####	#####	6,6	6,6	9 Points	6	6	12	-0.5
18	0	0	5,6	5,6	9 Points	5	6	11	-0.5
19	#####	#####	4,9	4,9	9 Points	4	9	13	-0.5
20	#####	#####	4,9	4,9	9 Points	4	9	13	-0.5
21	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
22	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
23	#####	#####	8,7	8,7	9 Points	8	7	15	-0.5
24	#####	#####	5,8	5,8	9 Points	5	8	13	-0.5
25	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
26	0	0	6,6	6,6	9 Points	6	6	12	-0.5
27	#####	#####	5,5	5,5	9 Points	5	5	10	-0.5
28	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
29	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
30	0	0	NA	used 1076.	9 Points	NA	NA	NA	-0.5
31	#####	#####	6,5	6,5	9 Points	6	5	11	-0.5
32	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
33	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
34	#####	#####	9,9	9,9 missing	9 Points	9	9	18	-0.5
35	#####	#####	8,8	43320	9 Points	8	8	16	-0.5
36	#####	#####	6,7	6,7	9 Points	6	7	13	-0.5
37	#####	#####	4,6	4,6	9 Points	4	6	10	-0.5
38	0	0	6,8	6,8	9 Points	6	8	14	-0.5
39	#####	#####	6,5	6,5	9 Points	6	5	11	-0.5
40	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
41	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
42	#####	#####	5,4	5,4	9 Points	5	4	9	-0.5
43	#####	#####	NA	used 1089.	9 Points	NA	NA	NA	-0.5
44	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
45	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
46	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
47	#####	#####	5,5	5,5	9 Points	5	5	10	-0.5
48	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
49	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
50	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
51	#####	#####	7,6	7,6	9 Points	7	6	13	-0.5
52	#####	#####	NA	used 1089.	9 Points	NA	NA	NA	-0.5
53	0	0	3,6	3,6	9 Points	3	6	9	-0.5
54	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
55	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
56	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
57	#####	#####	3,8	3,8	9 Points	3	8	11	-0.5
58	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
59	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
60	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5

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3	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
4	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
5	#####	#####	4,3	4,3	9 Points	4	3	7	-0.5
6	0	0	6,4	6,4	9 Points	6	4	10	-0.5
7	#####	#####	5,7	5,7	9 Points	5	7	12	-0.5
8	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
9	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
10	#####	#####	7,9	7,9	9 Points	7	9	16	-0.5
11	#####	#####	4,4	4,4	9 Points	4	4	8	-0.5
12	0	0	7,6	7,6	9 Points	7	6	13	-0.5
13	1	1	7,7	7,7	9 Points	7	7	14	-0.5
14	#####	#####	7,6	7,6	9 Points	7	6	13	-0.5
15	0	0	2,4	2,4	9 Points	2	4	6	-0.5
16	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
17	#####	#####	9,8	9,8	9 Points	9	8	17	-0.5
18	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
19	0	0	6,3	6,3	9 Points	6	3	9	-0.5
20	#####	#####	5,6	5,6	9 Points	5	6	11	-0.5
21	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
22	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
23	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
24	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
25	#####	#####	6,5	6,5	9 Points	6	5	11	-0.5
26	#####	#####	7,6	7,6	9 Points	7	6	13	-0.5
27	#####	#####	5,6	5,6	9 Points	5	6	11	-0.5
28	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
29	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
30	0	0	8,6	8,6	9 Points	8	6	14	-0.5
31	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
32	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
33	0	0	5,5	5,5	9 Points	5	5	10	-0.5
34	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
35	#####	#####	6,9	6,9	9 Points	6	9	15	-0.5
36	#####	#####	8,9	8,9	9 Points	8	9	17	-0.5
37	#####	#####	9,8	9,8	9 Points	9	8	17	-0.5
38	1	1	7,9	7,9	9 Points	7	9	16	-0.5
39	1	1	7,7	7,7	9 Points	7	7	14	-0.5
40	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
41	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
42	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
43	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
44	#####	#####	4,5	4,5	9 Points	4	5	9	-0.5
45	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
46	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
47	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
48	#####	#####	6,7	6,7	9 Points	6	7	13	-0.5
49	#####	#####	7,6	7,6	9 Points	7	6	13	-0.5
50	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
51	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
52	#####	#####	8,8	8,8 (missing)	9 Points	8	8	16	-0.5
53	0	0	3,5	3,5	9 Points	3	5	8	-0.5
54	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
55	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
56	0	0	9,9	9,9	9 Points	9	9	18	-0.5
57	1	1	9,9	9,9	9 Points	9	9	18	-0.5
58	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
59	0	0	9,8	9,8	9 Points	9	8	17	-0.5



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2									
3	#####	#####	6,6	6,6 (a bit di	9 Points	6	6	12	-0.5
4	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
5	0	0	9,8	9,8	9 Points	9	8	17	-0.5
6	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
7	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
8	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
9	1	1	5,6	5,6	9 Points	5	6	11	-0.5
10	#####	#####	9,8	9,8	9 Points	9	8	17	-0.5
11	1	1	9,9	9,9	9 Points	9	9	18	-0.5
12	#####	#####	6,6	6,6	9 Points	6	6	12	-0.5
13	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
14	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
15	#####	#####	8,7	8,7	9 Points	8	7	15	-0.5
16	0	0	7,6	7,6 (M) use	9 Points	7	6	13	-0.5
17	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
18	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
19	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
20	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
21	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
22	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
23	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
24	#####	#####	4,7	4,7	9 Points	4	7	11	-0.5
25	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
26	1	1	5,6	5,6	9 Points	5	6	11	-0.5
27	#####	#####	6,9	6,9	9 Points	6	9	15	-0.5
28	#####	#####	5,8	5,8	9 Points	5	8	13	-0.5
29	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
30	#####	#####	7,7	7,7 (no scre	9 Points	7	7	14	-0.5
31	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
32	#####	#####	8,7	8,7	9 Points	8	7	15	-0.5
33	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
34	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
35	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
36	0	0	8,8	8,8	9 Points	8	8	16	-0.5
37	#####	#####	5,6	5,6 (no scre	9 Points	5	6	11	-0.5
38	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
39	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
40	0	0	8,9	8,9	9 Points	8	9	17	-0.5
41	#####	#####	7,9	7,9	9 Points	7	9	16	-0.5
42	#####	#####	6,7	6,7	9 Points	6	7	13	-0.5
43	#####	#####	NA	used 1129.	9 Points	NA	NA	NA	-0.5
44	#####	#####	4,6	4,6	9 Points	4	6	10	-0.5
45	#####	#####	6,7	6,7	9 Points	6	7	13	-0.5
46	#####	#####	7,7	7,7	9 Points	7	7	14	-0.5
47	#####	#####	5,6	5,6	9 Points	5	6	11	-0.5
48	#####	#####	4,7	4,7	9 Points	4	7	11	-0.5
49	#####	#####	9,8	9,8	9 Points	9	8	17	-0.5
50	#####	#####	5,5	5,5	9 Points	5	5	10	-0.5
51	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
52	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
53	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
54	#####	#####	4,8	4,8	9 Points	4	8	12	-0.5
55	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
56	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
57	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
58	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
59	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
60	#####	#####	4,6	4,6	9 Points	4	6	10	-0.5

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3	#####	#####	9,6	9,6	9 Points	9	6	15	-0.5
4	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
5	#####	#####	8,5	8,5	9 Points	8	5	13	-0.5
6	#####	#####	9,7	9,7	9 Points	9	7	16	-0.5
7	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
8	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
9	#####	#####	5,8	5,8	9 Points	5	8	13	-0.5
10	0	#####	6,8	6,8	9 Points	6	8	14	-0.5
11	#####	#####	5,5	5,5	9 Points	5	5	10	-0.5
12	#####	#####	8,8	8,8	9 Points	8	8	16	-0.5
13	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
14	#####	#####	9,9	9,9	9 Points	9	9	18	-0.5
15	#####	#####	8,7	8,7	9 Points	8	7	15	-0.5
16	#####	#####	7,8	7,8	9 Points	7	8	15	-0.5
17	#####	#####	9,8	9,8	9 Points	9	8	17	-0.5
18	#####	#####	5,5	5,5	5 Points	5	5	10	0.5
19	#####	#####	4,5	4,5	5 Points	4	5	9	0.5
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For Review Only



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ID	Age	per_0deg_	per_1deg_	per_2deg_	per_3deg_	per_4deg_	per_5deg_	per_0deg_;
M1	190	#####	#####	#####	#####	#####	#####	#####
M2	179	0.5	#####	#####	#####	#####	#####	#####
M2	180	#####	#####	#####	#####	#####	#####	#####
M2	182	#####	#####	#####	#####	#####	#####	#####
M3	175	#####	#####	#####	#####	#####	#####	#####
M3	179	#####	#####	#####	#####	#####	#####	#####
M4	167	#####	#####	#####	#####	#####	#####	#####
M5	165	#####	#####	#####	#####	#####	#####	#####
M6	164	#####	#####	#####	#####	#####	#####	#####
M7	161	#####	0.6	#####	#####	#####	#####	#####
M7	25	#####	#####	#####	#####	#####	#####	#####
M8	154	#####	#####	#####	#####	#####	#####	#####
M8	156	#####	#####	#####	#####	#####	#####	#####
M8	23	0	0	0	0	0	0	0
M9	154	#####	#####	#####	#####	#####	#####	#####
M9	159	#####	#####	#####	#####	#####	#####	#####
M9	23	0	0	#####	#####	#####	#####	0
M10	15	0	0	0	0	0	#####	0
M10	150	#####	#####	#####	#####	#####	#####	#####
M10	23	0	0	0	0	0	0	0
M11	12	0	0	0	0	0	0	0
M11	193	0	0	0	0	0	0	0
M11	22	0	0	0	0	0	0	0
M12	14	0	0	0	0	0	0	0
M12	189	0	#####	#####	#####	#####	#####	#####
M12	22	0	0	0	0	0	0	0
M13	13	0	0	0	0	0	0	0
M13	188	#####	#####	#####	#####	#####	#####	#####
M13	22	0	0	0	0	0	0	0
M14	12	0	0	0	0	0	0	0
M14	189	#####	#####	#####	#####	#####	#####	#####
M14	22	0	0	0	0	0	0	0
M15	12	0	0	0	0	0	#####	0
M15	189	#####	#####	#####	#####	#####	#####	#####
M15	22	0	0	0	0	0	0	0
M16	12	0	0	0	0	0	0	0
M16	183	#####	#####	#####	#####	#####	#####	#####
M16	25	#####	#####	#####	#####	1	1	#####
M17	11	0	0	0	0	0	0	0
M17	181	#####	#####	#####	#####	#####	#####	#####
M17	25	0	0	0	0	0	0	0
M18	15	0	0	0	0	0	0	0
M18	195	#####	#####	#####	#####	#####	#####	#####
M18	22	#####	#####	#####	#####	#####	#####	#####
M19	12	0	0	0	0	0	0	0
M19	199	#####	#####	#####	#####	#####	#####	#####
M19	23	0	#####	#####	#####	#####	#####	0
M20	13	0	#####	#####	#####	#####	#####	0
M20	197	#####	#####	#####	#####	#####	#####	#####
M20	22	0	0.24	1	1	1	1	0
M21	13	0.13	0.405	0.405	0.405	0.405	0.435	#####
M21	193	0	0	0	0	0.125	0.125	0
M21	21	0	0	#####	#####	#####	#####	0







per_4deg_	per_5deg_	Age2	Calibration.Points	CalilPoints	Calil calisum	mprop	
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	4	9	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	3 weeks	5 point, owi	4	4	8	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
0	0	3 weeks	5 point, owi	5	4	9	0
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	3 weeks	5 point, owi	3	4	7	#####
0	#####	2 weeks	5 point, owi	2	5	7	#####
#####	#####	6 months	5 point, owi	5	5	10	#####
0	0	3 weeks	5 point, owi	4	4	8	0
0	0	2 weeks	5 point, owi	0	3	3	0
#####	#####	6 months	5 point, owi	5	4	9	#####
0	0	3 weeks	5 point, owi	2	2	4	0
0	0	2 weeks	5 point, owi	2	4	6	0
#####	#####	6 months	5 point, owi	5	4	9	#####
0	0	3 weeks	5 point, owi	2	5	7	0
0	0	2 weeks	5 point, owi	3	2	5	0
#####	#####	6 months	5 point, owi	5	5	10	#####
0	0	3 weeks	5 point, owi	4	4	8	0
0	0	2 weeks	5 point, owi	0	3	3	0
#####	#####	6 months	5 point, owi	4	4	8	#####
0	0	3 weeks	5 point, owi	3	2	5	0
0.0625	#####	2 weeks	5 point, owi	4	4	8	#####
#####	#####	6 months	5 point, owi	4	5	9	#####
0	#####	3 weeks	5 point, owi	3	3	6	#####
0	0	2 weeks	5 point, owi	2	3	5	0
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	3 weeks	5 point, owi	4	4	8	#####
0	0	2 weeks	5 point, owi	4	4	8	0
#####	#####	6 months	5 point, owi	5	5	10	#####
0	0	3 weeks	5 point, owi	2	3	5	0
0	0	2 weeks	5 point, owi	0	3	3	0
#####	#####	6 months	5 point, owi	5	5	10	#####
#####	#####	3 weeks	5 point, owi	2	3	5	#####
0	0	2 weeks	5 point, owi	2	4	6	0
#####	#####	6 months	5 point, owi	4	5	9	#####
#####	#####	3 weeks	5 point, owi	3	3	6	#####
#####	#####	2 weeks	5 point, owi	5	4	9	#####
#####	#####	6 months	5 point, owi	4	5	9	#####
1	1	3 weeks	5 point, owi	5	3	8	#####
#####	#####	2 weeks	5 point, owi	3	3	6	#####
#####	#####	6 months	5 point, owi	4	5	9	#####
0.208	0.68	3 weeks	5 point, owi	3	2	5	#####

```
1
2
3
4
5   `` {r setup, include=FALSE, results=F, message = F}
6
7   path <- getwd()
8
9   setwd(path)
10
11  options(rlib_downstream_check = FALSE)
12
13
14  require.packages <- c("Matrix","tidyverse", "mitml","MASS","circlize","psych","stats",
15  "lm.beta","apaTables","ggpubr","data.table","pastecs","parameters", "reshape2","lme4","lmerTest",
16  "sjstats", "Rmisc", "ggforce", "EMAtools", "rstatix")
17
18
19
20  supply(require.packages, library, character.only = T)
21
22
23
24  lm.beta.lmer <- function(mod) {
25    b <- fixef(mod)[-1]
26    sd.x <- sd(getME(mod,"X")[-1])
27    sd.y <- sd(getME(mod,"y"))
28    b*sd.x/sd.y
29
30
31
32  }
33
34  ...
35
36
37
38
39
40  #data import
41  `` {r}
42
43  human.data <- read.csv("Human_eye tracking fixation-AOI mapping data.csv")
44
45  monkey.data <- read.csv("Monkey_eye tracking fixation-AOI mapping data.csv")
46
47  ...
48
49
50  #Orgainze data for linear mixed ANOVA
51  `` {r}
52
53
54  human.long <- human.data[c(1:38,40)] %>%
55
56    pivot_longer(cols = c(3:38), names_to = "Size", values_to = "Perc_Hit")
57
58
59
60
```

```

1
2
3 human.long$Duration <- gsub("(per_.*_)(\\d*)", "\\2", human.long$Size)
4
5 human.long$Size<- gsub("(per_)(\\d*)(deg_\\d*)", "\\2", human.long$Size)
6
7
8
9 human.long$Size <- as.numeric(human.long$Size)
10
11 human.long$Duration <- as.numeric(human.long$Duration)
12
13
14 human.long$Duration <- human.long$Duration/100
15
16 ...
17
18
19 ```{r}
20
21 monkey.long <- monkey.data[1:39] %>%
22
23   pivot_longer(cols = 4:39, names_to = "Size", values_to = "Perc_Hit")
24
25
26 monkey.long$Duration <- gsub("(per_.*_)(\\d*)", "\\2", monkey.long$Size)
27
28 monkey.long$Size<- gsub("(per_)(\\d*)(deg_\\d*)", "\\2", monkey.long$Size)
29
30
31
32 monkey.long$Size <- as.numeric(monkey.long$Size)
33
34 monkey.long$Duration <- as.numeric(monkey.long$Duration)
35
36
37 monkey.long$Duration <- monkey.long$Duration/100
38
39 ...
40
41
42
43 #Calibration effects:
44
45 human Calibration effects
46
47 ```{r}
48
49 #exclude sessions using others' calibration
50
51 human.cali <- human.data %>% subset(!is.na(points))
52
53 human.cali$Age <- factor(human.cali$Age, levels = c(2,4,6,8,14))
54
55 contrasts(human.cali$Age) <- contr.sdif(5)
56
57
58 #comparing 5-point vs 9-point method at 2,4,6mo
59
60 human246 <- human.cali %>% subset(Age %in% c(2,4,6))

```

```
1
2
3
4
5 human246$Age <- factor(human246$Age, levels = c(2,4,6))
6
7 contrasts(human246$Age) <- contr.sdif(3)
8
9
10 m0 <- lmer(mprop ~ 1 + (1|ID), human246, REML = F)
11
12 m1 <- lmer(mprop ~ cali_method + (1|ID), human246, REML = F)
13
14 m2 <- lmer(mprop ~ Age + (1|ID), human246, REML = F)#best-fitting
15
16 m3 <- lmer(mprop ~ Age*cali_method + (1|ID), human246, REML = F)
17
18 m4 <- lmer(mprop ~ Age + (1|ID) + (1|Age), human246, REML = F)
19
20 m5 <- lmer(mprop ~ Age + (1|ID) + (1|cali_method), human246, REML = F)
21
22
23 #model comparisons
24
25 anova(m0,m1)
26
27 anova(m0,m2)
28
29 anova(m2,m3)
30
31 anova(m2,m4)
32
33 anova(m2,m5)
34
35
36 #best model
37
38 anova_stats(m2)
39
40 summary(m2)
41
42 lme.dscore(m2, data = human246, type = "lme4")
43
44
45 #effects of registered points
46
47 human.cali.5point <- human.cali %>% subset(cali_method == "5 Points")
48
49 human.cali.9point <- human.cali %>% subset(cali_method == "9 Points")
50
51
52 human.cali.5point$Age <- factor(human.cali.5point$Age, levels = c(2,4,6))
53
54 contrasts(human.cali.5point$Age) <- contr.sdif(3)
55
56
57 human.cali.9point$Age <- factor(human.cali.9point$Age, levels = c(2,4,6,8,14))
58
59 contrasts(human.cali.9point$Age) <- contr.sdif(5)
60
```



*#5-point model*

```
m0 <- lmer(mprop ~ 1 + (1|ID), human.cali.5point, REML = F)
m1 <- lmer(mprop ~ points + (1|ID), human.cali.5point, REML = F)
m2 <- lmer(mprop ~ points+Age + (1|ID), human.cali.5point, REML = F)#best-fitting
m3 <- lmer(mprop ~ points*Age + (1|ID), human.cali.5point, REML = F)
m4 <- lmer(mprop ~ points+Age + (1|ID) + (1|Age), human.cali.5point, REML = F)
m5 <- lmer(mprop ~ points+Age + (1|ID) + (points|Age), human.cali.5point, REML = F)
m6 <- lmer(mprop ~ points+Age + (points|ID) + (points|Age), human.cali.5point,REML = F) #failed
to converge
```

```
anova(m0,m1,m2,m3)
```

```
anova(m2,m4)
```

```
anova(m2,m5)
```

*#best model*

```
summary(m2)
```

```
lm.beta.lmer(m2)
```

*#9-point model*

```
m0 <- lmer(mprop ~ 1 + (1|ID), human.cali.9point, REML = F)
m1 <- lmer(mprop ~ points + (1|ID), human.cali.9point, REML = F)
m2 <- lmer(mprop ~ points+Age + (1|ID), human.cali.9point, REML = F)#best-fitting
m3 <- lmer(mprop ~ points*Age + (1|ID), human.cali.9point, REML = F)
m4 <- lmer(mprop ~ points+Age + (1|ID) + (1|Age), human.cali.9point, REML = F)
m5 <- lmer(mprop ~ points+Age + (1|ID) + (points|Age), human.cali.9point, REML = F)
m6 <- lmer(mprop ~ points+Age + (points|ID) + (points|Age), human.cali.9point,REML = F)
```

*#best model*

```
anova(m0,m1,m2,m3)
```

```
anova(m2,m4)
```

```
anova(m2,m5)
```

```
anova(m2,m6)
```

```

1
2
3 summary(m2)
4
5 lm.beta.lmer(m2)
6
7
8
9
10 #effects of calibration methods and age on registered points
11
12 m0 <- lmer(points ~ 1 + (1|ID), human.cali, REML = F)
13
14 m1 <- lmer(points ~ cali_method + (1|ID), human.cali, REML = F)
15
16 m2 <- lmer(points ~ cali_method+Age + (1|ID), human.cali, REML = F)#best-fitting
17
18 m3 <- lmer(points ~ cali_method*Age + (1|ID), human.cali, REML = F)
19
20 m4 <- lmer(points ~ cali_method+Age + (1|ID) + (1|Age), human.cali,REML = F)
21
22 m5 <- lmer(points ~ cali_method+Age + (1|ID) + (1|cali_method), human.cali, REML = F)
23
24 m6 <- lmer(points ~ cali_method+Age + (cali_method|ID), human.cali,REML = F)
25
26
27 anova(m0,m1,m2,m3)
28
29 anova(m2,m4)
30
31 anova(m2,m5)
32
33 anova(m2,m6)
34
35
36 #best model
37
38 anova_stats(m2)
39
40 summary(m2)
41
42 lme.dscores(m2, data = human.cali, type = "lme4")
43
44
45
46 Monkey Calibration effects
47
48 ```{r}
49
50 #effects of registered points
51
52 monkey.data$Age2 <- factor(monkey.data$Age2, levels = c("2 weeks", "3 weeks", "6 months"))
53
54 contrasts(monkey.data$Age2) <- contr.sdif(3)
55
56
57 monkey.data <- monkey.data %>% group_by(Age2) %>%
58
59   dplyr::mutate(points_c = scale(points, scale = F)[,1]) %>% ungroup()
60

```

```

1
2
3
4
5
6
7 m0 <- lmer(mprop ~ 1 + (1|ID), monkey.data, REML = F)
8
9 m1 <- lmer(mprop ~ points_c + (1|ID), monkey.data, REML = F)
10
11 m2 <- lmer(mprop ~ points_c+Age2 + (1|ID), monkey.data, REML = F)
12
13 m3 <- lmer(mprop ~ points_c*Age2 + (1|ID), monkey.data, REML = F)#best-fitting
14
15 m4 <- lmer(mprop ~ points_c*Age2 + (1|ID) + (1|Age2), monkey.data, REML = F)
16
17 m5 <- lmer(mprop ~ points_c*Age2 + (1|ID) + (points_c|Age2), monkey.data, REML = F)
18
19 m6 <- lmer(mprop ~ points_c*Age2 + (points_c|ID), monkey.data,REML = F)
20
21 anova(m0,m1,m2,m3,m4)
22
23 anova(m3,m5)
24
25 anova(m3,m6)
26
27
28 #best model
29
30 summary(m3)
31
32 lm.beta.lmer(m3)
33
34 lme.dscores(m3,monkey.data, "lme4")
35
36
37 #association between age and registered points
38
39 m0 <- lmer(points ~ Age2 + (1|ID), monkey.data, REML = F)
40
41
42
43 #best model
44
45 anova_stats(m0)
46
47 lme.dscores(m0,monkey.data, "lme4")
48
49 ...
50
51
52 #AOI effects:
53
54 human: linear mixed anova
55
56 ```{r}
57
58 #create planned repeated contrasts
59
60 human.long$Age <- factor(human.long$Age, levels = c("2", "4", "6", "8", "14"))

```

```

1
2
3 contrasts(human.long$Age) <- contr.sdif(5)
4
5
6
7 human.long$Size <- factor(human.long$Size, levels = c("0","1","2","3","4","5"))
8
9 contrasts(human.long$Size) <- contr.sdif(6)
10
11 human.long$Duration <- factor(human.long$Duration, levels = c("0","2","4","6","8","10"))
12
13 contrasts(human.long$Duration) <- contr.sdif(6)
14
15
16 #model fit
17
18 m0 <- lmer(Perc_Hit ~ 1 + (1|ID), human.long, REML = F)
19
20 m1 <- lmer(Perc_Hit ~ Size + (1|ID), human.long, REML = F)
21
22 m2 <- lmer(Perc_Hit ~ Size+Duration + (1|ID), human.long, REML = F)
23
24 m3 <- lmer(Perc_Hit ~ Size*Duration + (1|ID), human.long, REML = F)
25
26 m4 <- lmer(Perc_Hit ~ (Size+Duration)*Age + (1|ID), human.long, REML = F)
27
28 m5 <- lmer(Perc_Hit ~ (Size+Duration)*Age + cali_method + (1|ID), human.long, REML = F)
29
30 m6 <- lmer(Perc_Hit ~ (Size+Duration)*Age + (1|ID)+ (1|Age), human.long, REML = F)
31
32 m7 <- lmer(Perc_Hit ~ (Size+Duration)*Age + (Age|ID), human.long, REML = F)#best-fitting
33
34 #model comparison
35
36 anova(m0, m1, m2, m3)
37
38 anova(m2,m4)
39
40 anova(m4,m5)
41
42 anova(m4,m6)
43
44 anova(m4,m7)
45
46 #best model
47
48 anova(m7)
49
50 print(anova_stats(m7), digits = 2)
51
52 ...
53
54
55 one-way ANOVA at each age
56
57 ...{r}
58
59 anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), human.long[human.long$Age == "2",], REML
60 = F),digits = 2)

```

```
1
2
3
4
5 anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), human.long[human.long$Age == "4",], REML
6 = F),digits = 2)
7
8
9
```

```
10 anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), human.long[human.long$Age == "6",], REML
11 = F),digits = 2)
12
13
```

```
14 anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), human.long[human.long$Age == "8",], REML
15 = F),digits = 2)
16
17
18
```

```
19 anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), human.long[human.long$Age == "14",],
20 REML = F),digits = 2)
21
22
```

```
23 ...
24
25
```

### 26 **post-hoc comparisons: spatial effect**

```
27 ```{r}
28
```

```
29 spatial <- human.long %>% group_by(Age, Size) %>% dplyr::summarise(mean =
30 mean(Perc_Hit,na.rm = T), SD = sd(Perc_Hit,na.rm = T))
31
32
33
```

```
34 print(spatial, digits = 2, n = 30)
35
```

```
36 #at each age
```

```
37 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "2",], REML = F)),
38 digits = 7)
39
```

```
40 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "4",], REML = F)),
41 digits = 7)
42
```

```
43 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "6",], REML = F)),
44 digits = 7)
45
```

```
46 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "8",], REML = F)),
47 digits = 7)
48
```

```
49 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "14",], REML = F)),
50 digits = 7)
51
52
53
```

```
54 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "2",], REML = F)),
55 digits = 7)
56
```

```
57 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "4",], REML = F)),
58 digits = 7)
59
```

```
60 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "6",], REML = F)),
```

```

1
2
3     digits = 7)
4
5     print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "8",], REML = F)),
6     digits = 7)
7
8     print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), human.long[human.long$Age == "14",], REML = F)),
9     digits = 7)
10
11     ```
12
13
14 post-hoc comparisons: temporal effect
15
16     ```{r}
17
18     temporal <- human.long %>% group_by(Age, Duration) %>% dplyr::summarise(mean =
19     mean(Perc_Hit,na.rm = T), SD = sd(Perc_Hit,na.rm = T))
20
21
22
23     print(temporal, digits = 2, n = 30)
24
25
26     #at each age
27
28     print(summary(lmer(Perc_Hit ~ (Duration) + (1|ID), human.long[human.long$Age == "2",], REML =
29     F)), digits = 7)
30
31     print(summary(lmer(Perc_Hit ~ (Duration) + (1|ID), human.long[human.long$Age == "4",], REML =
32     F)), digits = 7)
33
34     print(summary(lmer(Perc_Hit ~ (Duration) + (1|ID), human.long[human.long$Age == "6",], REML =
35     F)), digits = 7)
36
37     print(summary(lmer(Perc_Hit ~ (Duration) + (1|ID), human.long[human.long$Age == "8",], REML =
38     F)), digits = 7)
39
40     print(summary(lmer(Perc_Hit ~ (Duration) + (1|ID), human.long[human.long$Age == "14",], REML
41     = F)), digits = 7)
42
43     ```
44
45
46
47
48 macaque: linear mixed anova
49
50     ```{r}
51
52     #create planned repeated contrasts
53
54     monkey.long$Age2 <- factor(monkey.long$Age2, levels = c("2 weeks", "3 weeks", "6 months"))
55
56     contrasts(monkey.long$Age2) <- contr.sdif(3)
57
58     monkey.long$Size <- factor(monkey.long$Size, levels = c("0","1","2","3","4","5"))
59
60     contrasts(monkey.long$Size) <- contr.sdif(6)

```

```

1
2
3 monkey.long$Duration <- factor(monkey.long$Duration, levels = c("0","2","4","6","8","10"))
4
5 contrasts(monkey.long$Duration) <- contr.sdif(6)
6
7

```

```

8
9 #model fit

```

```

10 m0 <- lmer(Perc_Hit ~ 1 + (1|ID), monkey.long, REML = F)
11
12 m1 <- lmer(Perc_Hit ~ Size + (1|ID), monkey.long, REML = F)
13
14 m2 <- lmer(Perc_Hit ~ Size+Duration + (1|ID), monkey.long, REML = F)
15
16 m3 <- lmer(Perc_Hit ~ (Size+Duration)*Age2 + (1|ID), monkey.long, REML = F)
17
18 m4 <- lmer(Perc_Hit ~ (Size*Duration)*Age2 + (1|ID), monkey.long, REML = F)
19
20 m5 <- lmer(Perc_Hit ~ (Size+Duration)*Age2 + (Age2|ID), monkey.long, REML = F)
21
22

```

```

23 #model comparison

```

```

24 anova(m0,m1,m2,m3, m4)
25
26 anova(m3,m5)
27
28
29

```

```

30 #best model

```

```

31
32 print(anova_stats(m5), digits = 7)
33
34 ...
35
36

```

```

37 one-way ANOVA at each age

```

```

38
39 ```{r}

```

```

40
41 print(anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), monkey.long[monkey.long$Age2 == "2
42 weeks",], REML = F)), digits = 7)
43
44

```

```

45
46 print(anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), monkey.long[monkey.long$Age2 == "3
47 weeks",], REML = F)), digits = 7)
48
49

```

```

50
51 print(anova_stats(lmer(Perc_Hit ~ (Size + Duration) + (1|ID), monkey.long[monkey.long$Age2 == "6
52 months",], REML = F)), digits = 7)
53
54

```

```

55
56
57 post-hoc comparisons: spatial effect

```

```

58
59 ```{r}
60

```

```
1
2
3 spatial <- monkey.long %>% group_by(Age2, Size) %>% dplyr::summarise(mean =
4 mean(Perc_Hit,na.rm = T), SD = sd(Perc_Hit,na.rm = T))
5
6
7
```

```
8 print(spatial, digits = 2, n = 30)
9
```

```
10
11 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), monkey.long[monkey.long$Age2 == "2 weeks",],
12 REML = F)), digits = 7)
13
14
```

```
15
16 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), monkey.long[monkey.long$Age2 == "3 weeks",],
17 REML = F)), digits = 7)
18
19
```

```
20
21 print(summary(lmer(Perc_Hit ~ (Size) + (1|ID), monkey.long[monkey.long$Age2 == "6 months",],
22 REML = F)), digits = 7)
23
24
```

```
25 ...
26
```

### 27 **post-hoc comparisons: temporal effect**

```
28 ...{r}
29
```

```
30
31 temporal <- monkey.long %>% group_by(Age2, Duration) %>% dplyr::summarise(mean =
32 mean(Perc_Hit,na.rm = T), SD = sd(Perc_Hit,na.rm = T))
33
34
```

```
35
36 print(temporal, digits = 2, n = 30)
37
38
```

```
39 print(summary(lmer(Perc_Hit ~ (Duration) + (1|ID), monkey.long[monkey.long$Age2 == "6
40 months",], REML = F)), digits = 7)
41
42
```

```
43 ...
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
```