

Screening form

Thank you for completing this form which will allow us to check whether you are eligible to take part in the study.

If you've any questions, please don't hesitate to contact the research team by email: chat_study@brunel.ac.uk or telephone: 01895 265949.

After you complete this form, the research team will let you know whether you can take part in the study.

1. Please state your name. This is so we can contact you to let you know whether you are eligible to take part in the study: *

2. Please state your email address. This is so we can contact you to let you know whether you are eligible to take part in the study: *

3. Are you 18 years or older? *

☐ Yes

☐ No

4. Please state your assigned sex at birth: *

☐ Female

☐ Male

☐ Intersex

5. Please state the gender you identify with: *

☐ Female

☐ Male

☐ Non-binary

☐ Other

6. Please describe your ethnicity. This is to ensure that we include people from all backgrounds in the study. *

- ☐ White - British
- ☐ White - Irish
- ☐ White - any other White background
- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Mixed - Any other mixed background
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Any other Asian background
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - African
- ☐ Black or Black British - Any other Black background
- ☐ Other Ethnic Groups - Chinese
- ☐ Other Ethnic Groups - Any other ethnic group
- ☐ Ethnicity not stated
- ☐ Not known

7. Please tick the box beside the statement that best applies to you: *

- ☐ I am a healthcare professional with at least one year's experience working in pulmonary rehabilitation
- ☐ I am a healthcare professional with at least one year's experience of referring patients to pulmonary rehabilitation
- ☐ I am a known clinical expert in pulmonary rehabilitation e.g. member of national or international committee
- ☐ None of these options apply to me

8. How many years have you worked in or referred people to pulmonary rehabilitation? *

9. Please state your profession: *

- ☐ Doctor
- ☐ Nurse
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physiotherapist
- ☐ Other

10. Which of the following best describes where you work?: *

- ☐ Primary care
- ☐ Secondary care
- ☐ Tertiary care
- ☐ Community
- ☐ Not applicable

11. Do you have a cognitive impairment which may mean that you would find taking part in an interview and workshop difficult? *

- ☐ Yes
- ☐ No

12. How did you hear about this study *

- ☐ Approached by research team
- ☐ People in Research Website
- ☐ Professional society
- ☐ LinkedIn
- ☐ Twitter
- ☐ Word of mouth

Thank you for taking the time to read the information sheet and complete the screening form.

The research team will let you know if you can take part in the study.

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