**CHAT TELEPHONE CONSENT FORM** **FOR PEOPLE LIVING WITH COPD**

**Co-design of a very brief behavioural change approach to assist healthcare professionals discuss pulmonary rehabilitation with people with COPD**

PRINCIPAL INVESTIGATOR: DR CLAIRE NOLAN

APPROVAL HAS BEEN GRANTED FOR THIS STUDY TO BE CARRIED OUT BETWEEN 01/06/2024 AND 31/12/2025

|  |  |  |  |
| --- | --- | --- | --- |
| **The participant (or their legal representative) should complete the whole of this sheet.** | | | |
|  | | YES | NO |
| Have you read the Participant Information Sheet? | |  |  |
| Have you had an opportunity to ask questions and discuss this study? | |  |  |
| Have you received satisfactory answers to all your questions? | |  |  |
| Do you understand that you will not be referred to by name in any report concerning this study? | |  |  |
| Do you understand that: | | | |
| * You are free to withdraw from this study at any time before the end of the study (31st December 2025)? * You don’t have to give any reason for withdrawing? * Choosing not to participate or withdrawing will not affect your rights? * You can withdraw your interview data any time up until your data are anonymised (one month after your interview) but can’t withdraw your workshop or focus group data due to the group nature of these events)? | |  |  |
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|  |  |
| I agree to my interview and focus groups being audio recorded | |  |  |
| If my interview and/or focus group is done by telephone, I agree that the audio-recording can be sent to an external company for transcription | |  |  |
| I agree to taking part in two online workshops (optional part of study) | |  |  |
| I agree to the use of non-attributable quotes when the study is written up or published | |  |  |
| The procedures regarding confidentiality have been explained to me | |  |  |
| I agree that my anonymised data can be stored and shared with other researchers for use in future projects | |  |  |
| I agree to take part in this study | |  |  |
| I would like to be informed of results when the study has finished | |  |  |
|  | | | |
| **Name of research participant:** | | | |
| Name of researcher who took consent: | Signature of researcher who took consent: | Date: | |
| Name of researcher who witnessed consent: | Signature of researcher who witnessed consent: | Date: | |