

# CHAT: Online consent form for healthcare professionals

**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.

\* Required

1. Have you read the Participant Information Sheet? \*

☐ Yes

☐ No

2. Have you had an opportunity to ask questions and discuss this study? (via email/phone for electronic surveys) \*

☐ Yes

☐ No

3. Have you received satisfactory answers to all your questions? (via email/phone) \*

☐ Yes

☐ No

4. Do you understand that you will not be referred to by name in any report concerning this study? \*

☐ Yes

☐ No

5. Do you understand that you are free to withdraw from this study at any time before the end of the study (31st December 2025) \*

☐ Yes

☐ No

6. Do you understand that you don't have to give any reason for withdrawing \*

☐ Yes

☐ No

7. Do you understand that choosing not to participate or withdrawing will not affect your rights \*

☐ Yes

☐ No

8. Do you understand that you can withdraw your data any time up until your data are anonymised (one month after your interview, workshop or focus groups) \*

☐ Yes

☐ No

9. I agree to my interview and focus groups being audio-recorded \*

☐ Yes

☐ No

10. I agree to taking part in two online workshops which will be audio-recorded (optional part of study) \*

☐ Yes

☐ No

11. I agree that all audio-recordings can be sent to an external company for transcription \*

☐ Yes

☐ No

12. I agree to the use of non-attributable quotes when the study is written up or published \*

☐ Yes

☐ No

13. The procedures regarding confidentiality have been explained to me \*

☐ Yes

☐ No

14. I agree that my anonymised data can be stored and shared with other researchers for use in future projects \*

☐ Yes

☐ No

15. I agree to take part in this study \*

☐ Yes

☐ No

16. I would like to be informed of results when the study has finished \*

☐ Yes

☐ No

17. Please state your name \*

18. Please state the date \*

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