

## 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: INSERT EMAIL 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 and/or telephone number. This is so we can contact you to let you know whether you are eligible to take part in the study. \*

3. What is your current age? \*

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 state 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. Have you been diagnosed with chronic obstructive pulmonary disease (COPD) or emphysema? \*

- ☐ Yes
- ☐ No

8. From the statements below could you please pick the one that best describes your breathlessness? \*

- ☐ 1. I only get breathless with strenuous exercise
- ☐ 2. I get short of breath when hurrying on level ground or walking up a slight hill
- ☐ 3. On level ground, I walk slower than people of my age because of breathlessness, or I have to stop for breath when walking at my own pace on the level
- ☐ 4. I stop for breath after walking about 100 yards or after a few minutes on level ground
- ☐ 5. I am too breathless to leave the house or I am breathless when dressing/undressing

9. Have you ever attended a pulmonary rehabilitation programme? \*

- ☐ Yes, I have completed a pulmonary rehabilitation programme
- ☐ Yes, I was referred for pulmonary rehabilitation but didn't complete the programme
- ☐ I declined a referral to pulmonary rehabilitation
- ☐ I have never been referred to pulmonary rehabilitation

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

- ☐ Yes
- ☐ No

11. Please state your postcode. This is to ensure we include people from all over the UK in the study. \*

12. How did you hear about this study? \*

- ☐ Asthma and Lung UK
- ☐ Breathing support group
- ☐ Patient network
- ☐ People in Research Website
- ☐ Twitter
- ☐ Word of mouth
- ☐ Other

## Section

Thank you for taking the time to complete the screening form.

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

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