**COPD and Assistive technology**

**Study title:** Understanding the potential of assistive technology (AT) in people with chronic obstructive pulmonary disease (COPD) to support independence and wellbeing: A qualitative study

**Research Ethics Committee Ref:** **23/LO/0660**

Participant informed consent form (Patient)

|  |  |
| --- | --- |
|  | **Add name initials in boxes** |
|  | * I have read or heard the information sheet (version 2.0, date 13 June 2023).
 |  |
|   | * I understand what the study is about.
 |  |
|  | * I have asked questions I have needed to ask.
 |  |
|  | * I would like to take part in the interview.
 |  |
|   | * I know that I might be invited to take part in a one-off photographic activity.
 |  |
| * If invited, I agree to take photographs
 |  |
|   | * I would like to share and discuss the photographs *with the researcher* or *in a small group with people similar to me* (delete as appropriate).
 |  |
|  | * I am happy for my voice to be audio-recorded and I know the recording will be typed in full.
 |  |
|  | * I understand I can stop at any time and do not have to give a reason.
 |  |
|  | * Any information used will be confidential, anonymous and kept safe.
* Your name will never be used on any study outputs.
* The information will be kept by study team for 5 years.
* If information is used for future research, it will be in anonymous form.
 |  |
|  | * I would like to take part in the study.
 |  |

|  |  |  |
| --- | --- | --- |
|  | Participant name:  | Participant Signature: |
| Event, month, date, reminder, calendar, day icon - Download on Iconfinder | Date:  |

|  |  |  |
| --- | --- | --- |
| Researcher Name | Date:  | Researcher Signature: |