**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)

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|  | | **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. |  |

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

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