**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 (Carer)

Thank you for your interest in this study.

Should you wish to join in the study, please consider the statements. Initial those you agree with, put an X in any box where you do not agree then your signature. (nb. you are free to withdraw at any time).

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| **Statement** | **Please add name initials in box** |
| 1. I confirm that I have read the Participant Information Sheet dated **13 October 2023 version 4.0**; I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2. I understand that my participation is voluntary and that I am free to stop taking part in the study at any time without giving any reason and without my rights being affected. |  |
| 3. I understand that my information will be kept confidential and only accessed by the study team and the study transcriber. |  |
| 4. I understand that my data will be securely stored in Queen Mary University of London and in accordance with the data protection guidelines of the Queen Mary University of London for 5 years. The typed documents will be fully anonymised. The audio recording will be destroyed at the end of the study. |  |
| 5. I understand that if I withdraw from the study at any time, the study team will only retain any information collected about me in anonymized form. Any personal contact details will not be retained and will be deleted. |  |
| 6. I understand that the data collected during the study may be looked at by individuals from Queen Mary University of London, NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to the data. |  |
| **Interview related statement (No. 7)** |  |
| 7. I agree to the interview being audio recorded and typed in full. |  |
| **Photographic activity related statements (No. 8-10 and 13)** |  |
| 8. I know that the researcher may ask me to take photographs, but that it is up to me whether I do this. |  |
| 9. I know that the researcher may ask me to share and discuss the photographs with them or in a group of 3-4 other people like me. |  |
| 10. I agree to share photographs and take part in the discussion. |  |
| 11. I understand that the discussion will be audio-recorded and typed in full. |  |
| 12. I agree for my information collected to be published as part of this research in anonymised form. |  |
| 13. If I agree to take part in the photographic activity, I know I will be asked to sign a form in which I can state whether and how I want the photographs to be used in educational/research materials and/or public display (e.g., conferences, exhibitions). |  |
| 14. I understand that the researcher will not identify me in any study outputs using my name or personal information. |  |
| 15. I agree to be updated regarding the study findings and for my contact details to be kept for this purpose. |  |
| 16. I understand that the information collected in this study may be used to support other research in the future, and it may be shared anonymously with other researchers. |  |
| 17. I agree to take part in the study. |  |

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| Participant name: | Date: dd/mmm/yyyy | Participant Signature: |
| Researcher name | Date: dd/mmm/yyyy | Researcher Signature: |