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HealthUnlocked®



Consent Form

Title of Research Study: Focus groups to co-develop a primary care intervention to promote engagement in an online health community (OHC) for adults with asthma, a survey to recruit participants and a non-randomised feasibility study testing recruitment and the intervention - Feasibility study.

Thank you for your interest in this research.

Please indicate whether you agree with each of the following statements, then sign your name and date the consent form if you decide you want to participate in this research. Your electronic signature confirms that you are willing to participate, however, you are free to withdraw your participation at any time.

1. I confirm that I have read and understood the information sheet [version 2.0, 17.05.2023] for the above study; or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I understand that my participation is voluntary (my choice) and that I am free to stop taking part in the study at any time without giving any reason, without my medical care or legal rights being affected.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I understand that my data will be accessed by the research team.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I understand that my data will be securely stored at Queen Mary University of London, in accordance with the University's data protection guidelines, for 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I agree to share, with the research team and their partner managing the Asthma+Lung UK Online Health Community platform, the email address I use to sign up.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6. I understand that the researcher will not identify me in any publications and other study outputs using personal information obtained from this study.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. I understand that the information collected about me may be used to support other research in the future, and it may be shared with other researchers, without my name/identifiable information being included.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. I agree to the research team accessing my NHS GP and hospital records to collect information about my use of these services and asthma exacerbations, without my name/identifiable information being included [optional].	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. I agree to my participation in the study being recorded on my GP records so that the care team are aware of it [optional].	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. I agree to take part in the above study.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Participant name	Date [DD-MM-YYYY]	Electronic signature
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Name of person taking consent	Date [DD-MM-YYYY]	Electronic signature
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