



Patient Expression of Interest Form

If after completing the questionnaire and reading the enclosed information leaflet you decide that you are interested in further helping with our research please complete this form which asks for some background information about you and your asthma (if you were diagnosed). We will use this information to ensure that we recruit people with a range of experiences.

Contact Information

Name _____

Address _____

Telephone Number _____

Email Address _____

Preferred method of contact Phone Email Post

About you

Gender: Female Male Self-identify as _____

Age: 18-20 21-30 31-40
 41-50 51-60 61-70 71 or older

If you have already been diagnosed with asthma:

When were you diagnosed?

Who or where were you diagnosed?

Hospital GP Asthma Nurse Other _____

What age were you when you were diagnosed?

Are you confident about your asthma diagnosis?

I agree that I have asthma

I'm not sure

I disagree that I have asthma

Would you be willing to take part in a telephone interview Yes No



Once completed, please return in the stamped addressed envelope provided. Thank you.