



Expression of Interest Form- parents on behalf of their child

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

Your Contact Information

Name

Address

Telephone Number

Best time to contact you

Email Address

Preferred method of contact

Phone

Email

Post

About your child

Gender:

Female

Male

Self-identify as

Age:

If your child was diagnosed with asthma:

When were they diagnosed?

Who or where were they diagnosed?

Hospital GP Asthma Nurse Other _____

What age was your child when they were diagnosed?

Are you confident about your child's asthma diagnosis?

I agree that they have asthma I'm not sure I disagree that they 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.