

# Asthma Attack Simulation project

Consent to take part in research.

- I..... voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, and I reserve the right to opt out or decline being captured on a thermal camera at any point, without any consequences of any kind.
- I understand that I can withdraw permission to use data within two weeks after the data acquired, in which case the videos and images will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves engaging in a controlled simulation of asthma symptoms. This will include facing a thermal imaging camera and altering my breathing patterns, transitioning from slow to fast breathing. Additionally, I will be required to wear a Shimmer device to monitor and calculate my heart rate throughout the simulation. The entire process is expected to be brief, and I will be guided through each step by the research team. My participation is voluntary, and I am free to withdraw at any time without any consequences.
- I understand that I will not benefit directly from participating in this research.
- I agree to my thermal pattern being video recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.
- I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information. Names, degrees, affiliations and contact details of researchers (and academic supervisors when relevant).

Name and signature of researchers

Participant Signature<sup>1</sup>:

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Date: .... / .... / 2024

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<sup>1</sup> I believe the participant is giving informed consent to participate in this study.