



BEREAVED FAMILY MEMBER INTERVIEW FORM

© National Review of Asthma Deaths (NRAD)

Assessing quality of care is essential for quality improvement, and a family member's perspective is important for judging quality of care. These interviews will allow the NRAD team to include these views in their report.

INSTRUCTIONS FOR THE INTERVIEWER

- When conducting this interview (starting with the section titled 'Introduction and Screening'), read all lower-case text aloud to the interviewee.
- Instructions for the interviewers are provided throughout in capital letters. Words appearing in CAPITAL LETTERS are meant to guide the interviewer and should not be read aloud.
- Read instructions in lower-case letters aloud to the interviewee to guide him/her in answering.
- The questions have been designed to allow you to understand the specific information we would like to obtain from a question. If you find that some questions are not working, please let the NRAD team know.
- You may find that the participant may have answered one of your questions during the time when they are telling you what happened. If this happens, and you are confident that you do not need clarification of the answer, you may skip asking that question, but please ensure that you have made an entry in one of the answer categories for that question and ensure that all questions are completed, even if the answer is 'not known' or if it is felt that the question is 'not applicable' (with written justification as to why the question is 'not known').
- It is also important to try and read questions in the order in which they appear in the questionnaire – this is to ensure that all the questions get answered. If a question is not applicable, simply select that option and move on to the next.
- Some questions are followed by round brackets (...); these are a signpost for the interviewer who should read the answer choices aloud to the interviewee. Read all the answer choices before pausing for a response. For 'yes/no' questions, the answer categories should not be read aloud.
- The interviewer will often be expected to insert personal information into questions. For example, the patient's name is often inserted into questions. The interviewer will know to substitute specific information when a word written in **[CAPITAL LETTERS ENCLOSED IN PARENTHESIS]**: Please read through the interview questions before phoning the interviewee so that you can insert the deceased person's name in those places on the form where this is appropriate.
Example: Was [PATIENT] asthma worse at any particular time of day or night?
Read as: Was Jessica's asthma worse at any particular time of day or night?
- When words with options appear in parentheses, the interviewer should choose the appropriate word:

*Example: Did [PATIENT] know what to do when [HE/SHE] felt [HIS/HER] asthma was bad?
Read as: Did Jessica know what to do when she felt her asthma was bad?*

- Tick the box of the answer chosen by the interviewee.
- For fill-in or free-text answers, write in the appropriate information as stated by the interviewee as accurately as possible. Additions can be made following transcription of the interview from the recording.
- Based on the answers to certain questions, it is sometimes logical to skip subsequent questions. Instructions for skipping questions are provided within parentheses after a specific answer. If this answer is selected, move on to the question number indicated after that answer choice.
- Please be familiar with the interview questionnaire before conducting the interviews. At times, for example, it is necessary to refer back to previous answers to determine whether a question or a group of questions should be skipped.
- Terminating the interview – please refer to your guidance notes from the training on how and when to terminate the call if necessary.
- Once you have completed the interview, please take time to go back over the questionnaire and ensure that all the questions have been answered (even if the answer is ‘not known’ or ‘not applicable’)
- Please also ensure that the questionnaire and interview tape are stored in line with the operational procedures outlined in your guidance pack (ie secure cabinet in a locked office/or hand over immediately to a member of the NRAD team).

Finally, it is important to refrain from offering any opinion on behalf of Asthma UK or the RCP in response to a question from the interviewee. If the interviewee asks a question that deviates from the questions below, please respond by saying that the question is beyond the scope of the interview but that you would be happy to arrange a time after the interview for an Asthma UK advice line nurse specialist to answer any additional questions they may have.

COVERSHEET (To be completed by NRAD)

NRAD reference number:
Participant number:
Interviewer:
Interview date:
Interview start time:
Interview finish time:

PATIENT DETAILS

Name:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age patient died:	_____ years
Date of death: <i>If no full date of death is known, enter month and year</i>	_____ / _____ / _____ (DD/MM/YYYY)
Diagnosis at death: (on death certificate)	1a _____ 1b _____ 1c _____ 2 _____
Marital status:	_____ <input type="checkbox"/> Not known
Ethnicity	_____ <input type="checkbox"/> Not known

INTERVIEWEE/PARTICIPANT DETAILS

Surname/family name:	_____
First name:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Contact details:	_____ _____ _____

INTRODUCTION AND SCREENING

[NOTE FOR INTERVIEWER] KEY INFORMATION REQUIRED FROM THIS SECTION:

- Is now the most convenient time to talk?
- Interviewee’s relationship to the person who died
- If they are not the person who would be able to answer the most about the person who died, then to obtain the contact details of the person who would be

Hello, may I speak to [INTERVIEWEE NAME]?

My name is [INTERVIEWER NAME] and I am calling from Asthma UK on behalf of the National Review of Asthma Deaths.

Can I call you [INTERVIEWEE NAME]?

You were recently invited to participate in an interview for the project and said that it would be OK to talk with you - it may take an hour.

Is now a good time for us to talk?

Yes [CONTINUE]

No We will call you another time. When is usually a good time for you to talk?
[CONFIRM THAT INTERVIEWEE WILL BE CALLED AGAIN AND TERMINATE INTERVIEW – PASS INFORMATION ON TO THE NRAD TEAM]

If yes,

Before we start then, I’d like to thank you for your time in talking with me today, and I’m sorry about the circumstances under which we have contacted you.

The things we talk about today, together with information from interviews with other families, will be used to write a final report and to make recommendations so that the care of people with asthma can be improved.

Could I just ask how you would like [PATIENT] to be referred to during the interview?

i. Please could you tell me how you knew [PATIENT]?

Spouse Daughter/son-in-law Parent of person who died Friend

Partner Child Sibling Other, specify

ii. Would you say you are one of the people who knows the most about [PATIENT] and their asthma in the last few months of life?

Yes (SKIP QUESTIONS iii, iv and v AND GO TO INFORMED CONSENT STATEMENT)

No – GO TO iii.

iii. Who would know more about [PATIENT] asthma in the last few months of their life?

iv. How did [ALTERNATIVE PERSON] know [PATIENT]?

Spouse Daughter/son-in-law Parent of person who died Friend

Partner Child Sibling Other, specify

We may want to interview [ALTERNATIVE PERSON], do you happen to have [HIS/HER] full name and address and telephone number so that they can be contacted by the project team?

[ADD ALTERNATIVE PERSON’S CONTACT DETAILS HERE]

INTERVIEWER: CONFIRM THAT THE ALTERNATIVE PERSON KNOWS MORE THAN THE INTERVIEWEE ABOUT THE PATIENT’S ASTHMA – THANK INTERVIEWEE AND TERMINATE THE INTERVIEW

INFORMED CONSENT STATEMENT

I am going to read you a few, quite formal, sentences to make sure you have all the information about the study, and to ensure you are happy to continue:

- Your participation in this interview is voluntary, so if you decide at any point not to participate that is OK.
- I'd like to reassure you that this is a confidential conversation. The information from your interview with me will not be presented or published in any way that would allow anybody to know who you are; your answers will be combined with those of other people for writing the final report.
- There are five key sections in the interview that I will ask questions about:
 - ✓ what happened to [PATIENT]
 - ✓ [PATIENT]'s asthma
 - ✓ [PATIENT]'s household and living environment
 - ✓ how asthma impacted on [PATIENT]'s life
 - ✓ [PATIENT]'s asthma care and management
- You will be able to take a break or stop before or after any section.
- Please take your time and answer as honestly and as accurately as you can. If there is any question you would rather not answer, just say so and we will move on.
- If you have any questions related to the [PATIENT]'s care beyond the scope of the interview, I will provide you with an opportunity to receive a call back from an Asthma UK Advice Line Nurse Specialist after the interview.

Do you have any questions at this point about anything I have just said?

- Yes [ANSWER QUESTIONS]
- No May we proceed with the interview?
- Yes [CONTINUE THE INTERVIEW – GO TO Informed consent to record interview]
- No [THANK INTERVIEWEE AND TERMINATE THE INTERVIEW]

INFORMED CONSENT TO RECORD INTERVIEW

I need to remind you that our conversation is being confidentially recorded. This is so that I can ensure I have written down your answers correctly. The recording will be kept in a secure place where no one else can hear it and will be deleted after we have finished writing our reports.

Is this OK?

- Yes [CONTINUE WITH INTERVIEW – GO TO QUESTION 1]
- No OK, I will switch off the recording machine. Is it OK for us to continue now?
- Yes [CONTINUE WITH INTERVIEW – GO TO QUESTION 1]
- No [THANK INTERVIEWEE AND TERMINATE THE INTERVIEW]

d. Allergic rhinitis (<i>runny or sneezy nose all year round</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
e. Food allergies (<i>eg nuts, fish, dairy</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
a. Drug allergies (<i>eg aspirin, ibuprofen</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
f. Anaphylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
g. Other allergies, specify (<i>eg animals, dust, latex</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

7. Did anyone try to get help?
 Yes [GO TO 7.1] No [GO TO 7.2] Don't know [GO TO 8]

If yes,

7.1 Who was contacted and in which order?

<input type="checkbox"/> GP practice	<input type="checkbox"/> NHS Direct	<input type="checkbox"/> Don't know
<input type="checkbox"/> 999 or 111	<input type="checkbox"/> Local pharmacist	
<input type="checkbox"/> Hospital directly	<input type="checkbox"/> Someone else, please specify	

7.2 Were there any problems with getting help or going to hospital?
 Yes No (GO TO 7.3) Don't know

If no,

7.3 What prevented someone from seeking help?

SECTION 1: ADDITIONAL NOTES
(use bullet points or a flow diagram of events here)

SECTION 2: ABOUT THE PATIENT AND THEIR ASTHMA

[NOTE FOR INTERVIEWER] KEY INFORMATION REQUIRED FROM THIS SECTION:

- Education/employment information ie what did they do and did this impact on their asthma/did the asthma impact on their work
- Was there a formal diagnosis of asthma made?
- Asthma triggers

READ: Thank you for sharing that information with me. I'm now going to ask you some more questions about [PATIENT] and [HIS/HER] asthma.

8. Was [PATIENT] employed or in education, for example did they work full time, part time, studying or were they retired at the time of their death? (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Full-time work [GO TO Q8.1] | <input type="checkbox"/> School/college [GO TO Q10] |
| <input type="checkbox"/> Part-time work [GO TO Q8.1] | <input type="checkbox"/> Higher education/university [GO TO Q10] |
| <input type="checkbox"/> Unemployed [GO TO Q8.2] | <input type="checkbox"/> Pre-school child [GO TO Q10] |
| <input type="checkbox"/> Retired [GO TO Q8.2] | <input type="checkbox"/> Other, specify [GO TO Q10] |
| <input type="checkbox"/> Homemaker [GO TO Q8.2] | <input type="checkbox"/> Don't know [GO TO 10] |

If [PATIENT] was employed full or part time:

8.1 What was [HIS/HER] main work and what did this involve [PATIENT] doing from day to day? [Go to Q11 after answering this question]

If [PATIENT] was unemployed or retired:

8.2 What was their previous employment/education status **at the time of death? (Select all that may apply)**

- | | |
|---|--|
| <input type="checkbox"/> Full-time work | <input type="checkbox"/> School/college |
| <input type="checkbox"/> Part-time work | <input type="checkbox"/> Higher education/university |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Pre-school child |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other, specify |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Don't know |

8.2.1 What was [PATIENT]'s work before [HE/SHE] stopped working and what did this involve [PATIENT] doing from day to day?

8.2.2 Were there any medical reasons for [PATIENT] stopping work?

- Yes No Don't know

If yes,

8.2.2.1 What were they?

8.2.3 How old was [PATIENT] when [HE/SHE] stopped working? _____ years Don't know

9. Was [PATIENT]'s asthma caused or made worse by any work they ever did?

- Yes No Don't know NA – Patient didn't ever work

If yes,

9.1 What was the work?

9.2 What specifically made [PATIENT] asthma worse?

9.3 Was [PATIENT] ever diagnosed with occupational asthma?
 Yes No Don't know

9.4 Was [PATIENT]'s asthma better when they were away from the workplace?
 Yes No Don't know

10. Did [PATIENT] know they had asthma?
 Yes Don't know
 No Other _____

If yes,
10.1 How old was [PATIENT] when [HE/SHE/YOU] was told for the first time by a doctor or other health professional that they had asthma? ___ years Don't know

11. Did [PATIENT]'s asthma ever come on suddenly when [HE/SHE] had seemed perfectly well?
 Yes Didn't have a problem before
 No Don't know

12. Was [PATIENT]'s asthma worse at any particular time of year? (tick all that apply)

<input type="checkbox"/> Yes – spring	<input type="checkbox"/> Yes – change of seasons
<input type="checkbox"/> Yes – summer	<input type="checkbox"/> Not noticeably seasonal
<input type="checkbox"/> Yes – autumn	<input type="checkbox"/> Don't know
<input type="checkbox"/> Yes – winter	<input type="checkbox"/> Other, please specify:

13. Was [PATIENT]'s asthma worse at any particular time of day or night? (tick all that apply)

<input type="checkbox"/> Yes - early morning (6am – 9am)	<input type="checkbox"/> Yes – night time (10pm – 6am)
<input type="checkbox"/> Yes - evening (5pm – 10pm)	<input type="checkbox"/> Not noticeably
<input type="checkbox"/> Yes - day time (9am-5pm)	<input type="checkbox"/> Don't know

14. Was [PATIENT]'s asthma worse during or after exercise?

<input type="checkbox"/> Yes – during	<input type="checkbox"/> No
<input type="checkbox"/> Yes – after	<input type="checkbox"/> Don't know
<input type="checkbox"/> Yes – both	

15. [Use the space to ask about asthma at school – if applicable]

16. I'd be interested to hear if there were any other things that you think may have made [PATIENT]'s asthma worse.

17. Were any allergies confirmed by an allergy specialist in hospital, a GP or by a practice nurse?

- Yes No Don't know

If yes,

17.1 Who confirmed the allergy? (allergy specialist in hospital, a GP or a practice nurse)

18. Did [PATIENT] think they had any allergies that they felt were never addressed?

- Yes No Don't know

If yes,

18.1 What were these allergies?

19. Did [PATIENT] have an adrenaline injection for emergency use? (eg Epipen, Jext, Anapen)

- Yes No Don't know

If yes,

19.1 Did they use it just before they died? Yes No Don't know

20. Did any of [PATIENT]'s family (eg parents, brother, sisters, children) have:

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| a. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| b. Eczema | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| c. Hay fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| d. Allergic rhinitis (<i>runny or sneezy nose all year around</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| e. Food allergies (<i>eg nuts, fish, dairy</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| a. Drug allergies (<i>eg aspirin, ibuprofen</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| f. Anaphylaxis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| g. Other allergies, specify (<i>eg animals, dust, latex</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

SECTION 2: ADDITIONAL NOTES

SECTION 3: ABOUT THE PATIENT'S HOUSEHOLD AND LIVING ENVIRONMENT

READ: The following questions are about [PATIENT]'s household and living environment.

21. Were there any indoor pets (such as dogs, cats, hamsters, birds or other feathered or furry pets) that were kept inside [PATIENT]'s home?

Yes No Don't know

22. Was the place where [PATIENT] was living prior to death noticeably damp?

Yes No Don't know

23. Did [PATIENT] ever smoke?

Yes, smoker No Don't know Ex-smoker (stopped in last 12 months)
 Ex-smoker (stopped more than 12 months ago)

24. Was [PATIENT] exposed to cigarette smoke at all, for example at home or work?

Exposed to tobacco smoke in the home Exposed to tobacco smoke at work
 Don't know

25. Did a health professional ever advise [PATIENT] to change things in the home, at school or at work to improve their asthma? *ie carpets, stop smoking indoors etc*

Yes No Don't know

If yes,

25.1 Please explain what these changes were:

SECTION 3: ADDITIONAL NOTES

SECTION 4: HOW ASTHMA IMPACTED ON LIFE

[NOTE FOR INTERVIEWER] KEY INFORMATION REQUIRED FROM THIS SECTION:

- How asthma impacted on life, eg did it stop them from going to school/work, sleeping?

READ: Thank you. I would now like to ask you some questions on how asthma affected [PATIENT]'s life

26. In their last 12 months, were there times when the asthma stopped [PATIENT] from sleeping through the night?

- Yes No Don't know

If yes,

26.1 How regularly did this happen _____ Don't know

27. In their last 12 months, were there times when the asthma stopped [PATIENT] from (going to school/going to work/undertaking normal activities)? (as applicable)

- Yes No Don't know

If yes,

27.1 How often? _____ Don't know

28. Looking back over their last 12 months, how would you describe the overall control of asthma?

- Well controlled Fairly well controlled Poorly controlled Don't know

29. In their last month, did [PATIENT] have asthma symptoms:

- Every day Most days Some days No days Don't know

30. In their last month, how many days did [PATIENT]'s asthma stop [HIM/HER] (going to school/going to work/undertaking normal activities)?

- Every day Most days Some days No days Don't know

31. In their last month, how many nights did [PATIENT'S] asthma stop [HIM/HER] sleeping through the night?

- Every night Most nights Some nights No nights Don't know

32. In their last month, did [PATIENT] need to use [HIS/HER] asthma reliever inhaler (this is normally blue):

- Every day Most days Some days No days Don't know

N/A – DIDN'T HAVE AN INHALER

33. Looking back over the last month, how would you describe the overall control of [HIS/HER] asthma?

- Well controlled Fairly well controlled Poorly controlled Don't know

SECTION 4: ADDITIONAL NOTES

SECTION 5: ASTHMA CARE AND MANAGEMENT

READ: Thank you. I'm now going to ask you some questions about the care [PATIENT] received for [HIS/HER] asthma and about how [HE/SHE] managed [HIS/HER] asthma. For example, we will talk about inhalers and medications used.

34. Had [PATIENT] been treated for an episode/attack at hospital or at the GP in the past?

Yes No Don't know

If yes,

34.1 Did a health professional ever talk with [PATIENT or YOU] about how to control [HIS/HER] asthma to prevent serious episodes or attacks and hospital admissions in the future?

Yes No Don't know

35. Did [PATIENT or YOU] know how to recognise the early signs or symptoms of an asthma attack?

Yes No Don't know

If yes,

35.1 Who taught [PATIENT] these? (tick all that apply)

Self-taught Hospital doctor Don't know
 GP Hospital nurse Other, please detail
 Practice nurse Parent

36. Did [PATIENT or YOU] know what to do when [HE/SHE] had early signs or symptoms of an asthma attack?

Yes No Don't know

If yes,

36.1 Who taught [PATIENT] what to do during an asthma attack? (tick all that apply)

Self-taught Hospital doctor Don't know
 GP Hospital nurse Other, please detail
 Practice nurse Parent

READ: An asthma self-management plan or personal asthma action plan is usually a printed leaflet or form that tells you how to recognise a worsening of your asthma, when to change the amount or type of medicine (inhalers) taken, when to call the doctor for advice, and when to go to the emergency department or urgent care centre or call 999.

37. Did [PATIENT] have a written asthma self-management plan/asthma action plan?

Yes [GO TO 37.1] No [GO TO Q38] Don't know [GO TO Q38]

If yes,

37.1 Did it explain which medication to use?

Yes No Don't know

37.2 Did it explain how to know when the asthma was getting worse?

Yes No Don't know

37.3 Did it explain when to ask for medical help?

Yes No Don't know

37.4 Did [PATIENT or YOU] find the plan useful/helpful?

Yes No Don't know

37.5 Did [PATIENT or YOU] receive enough information/training on the plan and how to use it?

Yes No Don't know

38. How many times per week, on average, did [PATIENT] use their 'reliever' or 'rescue' inhalers? (this is usually blue, but may sometimes be red if on 'Symbicort SMART regime')

Don't know NA – not on inhalers

39. Was [PATIENT] aware that using a rescue inhaler more than 2 or 3 times a week could indicate poor control and increased risk of an attack?

Yes No Don't know NA – not on inhalers

40. Thinking about the medicines that [PATIENT] took in the week before they died, please say yes to any of the following that they took:

- a. Aspirin Yes No Don't know
- b. Other painkillers or anti-inflammatory tablets (ibuprofen, ibuprofen) Yes No Don't know
- c. Flu medicine containing a painkiller (aspirin, ibuprofen) Yes No Don't know
- d. Regular preventer inhalers (usually taken twice daily) Yes No Don't know

41. (a) Did [PATIENT] take any medication for other conditions?

Yes No Don't know

41. (b) Did [PATIENT] have a home nebuliser?

Yes No Don't know

If yes,

41. (c) How often did they use their home nebuliser?

Daily Weekly Monthly Never Don't know

READ: A peak flow meter is a device that measures how much air you can blow out of your lungs

42. Did [PATIENT] have a peak flow meter at home?

43. Yes No [GO TO 45] Don't know [GO TO 45]

44. Did [PATIENT] measure their peak flow during the final attack?

Yes No Don't know Didn't have a peak flow meter

45. Did a doctor or other healthcare professional ever teach (PATIENT) how to use a peak flow meter? Yes No Don't know

<p>46. Had [PATIENT or YOU] ever been told by a healthcare professional about how serious asthma is and that at worst you can die because of it?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>47. Do you feel that [PATIENT or YOU] understood how to manage their asthma?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>48. How often did [PATIENT] have asthma symptoms? (symptoms may include cough, wheeze or shortness of breath)</p> <p><input type="checkbox"/> SYMPTOMS ON MOST DAYS <input type="checkbox"/> SYMPTOMS SEVERAL TIMES A WEEK <input type="checkbox"/> SYMPTOMS SEVERAL TIMES MONTH <input type="checkbox"/> NO SYMPTOMS <input type="checkbox"/> DON'T KNOW</p>
<p>49. Was [PATIENT] made aware of how well their asthma should be controlled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><i>If yes,</i> 46.1 What were they told?</p>
<p>50. Did [PATIENT] attend an asthma review in the 12 months before [HIS/HER] death?</p> <p><input type="checkbox"/> Yes [GO TO 50.1] <input type="checkbox"/> No [GO TO Q51] <input type="checkbox"/> Don't know [GO TO Q51]</p> <p><i>If yes,</i> 50.1 Who was this with?</p> <p><input type="checkbox"/> GP <input type="checkbox"/> Hospital doctor <input type="checkbox"/> Don't know <input type="checkbox"/> Practice nurse <input type="checkbox"/> Hospital nurse <input type="checkbox"/> Other, please detail</p> <p>50.2 Did the review include a discussion about the asthma medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>50.3 Did the review include a check of inhaler technique?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><i>If yes,</i> 50.3.1 Was [PATIENT] shown how to use it?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>50.3.2 Did [PATIENT] show the doctor or nurse how they use it?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>50.4 Was the review, in your opinion:</p> <p><input type="checkbox"/> Very helpful <input type="checkbox"/> Unhelpful <input type="checkbox"/> Fairly helpful <input type="checkbox"/> Neither helpful or unhelpful</p>
<p>51. We know that people find it difficult sometimes to attend asthma appointments and we are interested to know what stops people from attending. If [PATIENT] was unable to attend an appointment, what do you think the reasons for this might be?</p> <p>i.</p>

ii.

iii.

52. One of the aims of the NRAD project is to improve care. We would be grateful if you could take some time to think and give me three examples of good care and three examples of where you think care could have been improved?

Three examples of good care:

i.

ii.

iii.

Three examples of where you think care could have been improved:

i.

ii.

iii.

SECTION 5: ADDITIONAL NOTES

SECTION 6: FINAL COMMENTS AND CLOSE OF INTERVIEW

*Read: Thank you. Before we end the interview, I would like to give you the opportunity to tell us anything else about [PATIENT]'s asthma that you think is important.
In particular, is there anything that you think is an important learning point for health professionals or others in your position?*

Thank you so much for your time in answering these questions. The information you have provided, together with information from other interviews, will be used to write a final report, of which we will send you a copy.

Your information is confidential and the report will not identify you in any way.

We hope that sharing the information from these interviews will enable us to improve care and support for others in the future.

Are you still happy for the information you have given me today to be used in our report?

Yes **No**

Thank you. I understand that talking with me today about this may have been difficult. If you would like to talk to an asthma nurse specialist at Asthma UK or someone from a bereavement support charity, I have contact details for you. Is this something you'd be interested in?

Yes (Provide relevant information using the following options):

- Offer a call back from an Asthma UK Advice Line Nurse Specialist
(Provide AUK advice line details so they can call when it is convenient for them)
0800 121 6244 and www.asthma.org.uk
- Signpost to CRUSE Bereavement Care or to the Child Bereavement UK (as applicable)
CRUSE: 0844 477 9400 and www.cruse.org.uk
CB UK: 01494 568900 and www.childbereavement.org.uk

No (Thank interviewee and terminate the interview)

After the interview

Do you, the interviewer, have any concerns regarding the wellbeing of the interviewee? *(ie has the interview affected the interviewee and they may need post-interview support etc)*

Yes Provide relevant information below and follow safeguarding procedure flowchart No

Do you, the interviewer, have any concerns regarding safeguarding of children or vulnerable adults related to the deceased? *(ie related or unrelated to asthma, eg withholding medication/overmedicating, physical abuse or neglect)*

Yes – Provide relevant information below and follow safeguarding procedure flowchart No

Do you, the interviewer, have any concerns regarding the safeguarding of other children? *(ie related or unrelated to asthma, eg withholding medication/overmedicating, physical abuse or neglect)*

Yes – Provide relevant information below and follow safeguarding procedure flowchart No

Has the interview affected you as the interviewer?

Yes – Please debrief with your assigned ‘interview buddy’ No

Flow chart to support safeguarding disclosures or concerns during an NRAD call

