## Assessing Outcomes of Integrated Care for Long-term Neurological Conditions

## **Response Form for Staff Interviews**

Please read the enclosed information sheet outlining what participating in an interview would involve. Please complete and return this form in the enclosed FREEPOST envelope. If you would like more information before deciding, please contact the research team on [telephone number] or email [email address].

Please	mark <u>one</u> of the following responses:
	I would like to take part. (Please complete your details in the section below so that we can contact you)
	No, I would not like to take part.  (You do not have to give a reason, but if you would like to tell us why, it will help us to understand why some people choose not to take part).
	complete the following section if you would like to participate and we will contact you to the interview. (Please do not complete this section if you have decided not to take part).
Name:	
Teleph	one Number:
E-mail	address:
What a	re the best days/times to contact you?

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