

Appendix 1.

Please tick responses and provide brief answers in the areas indicated.

1. Do you use thoracic ultrasound imaging in clinical practice?

Yes	
No	

If **yes**, briefly state the role thoracic ultrasound imaging has in your clinical practice.

If **no**, what role(s) do you anticipate that thoracic ultrasound could have in your clinical practice?

2. Have you undertaken any training in thoracic ultrasound imaging?

Yes	
No	

If **yes**, state the method and duration of the training:

If **no**, what methods and format of any future training would you prefer?

3. Have any factors influenced your ability to use thoracic ultrasound imaging in clinical practice?

Please state these factors whether positive or negative:
