**My infant feeding journey – women’s experiences of infant feeding in the UK**

**Consent form**

**Name:**

**Date:**

|  |  |
| --- | --- |
| I consent to my story being used for research into infant feeding policy. | YES/NO\* delete as appropriate |
| I consent to my story being added into a repository for use in future research. | YES/NO |
| Please contact me about future research on the following details: |  |
| I wish to remain anonymous. | YES/NO |
| I would like the researchers to anonymise my story. | YES/NO |
| I consent to the use of my story in the media. | YES/NO |
| Please contact me about media use of my story on the following details: |  |
| I would like to be kept informed about the results of the research. | YES/NO |
| Please contact me about the research results on the following details: |  |

**Questionnaire**

|  |  |
| --- | --- |
| How old are you? |  |
| What is your ethnicity? |  |
| What is your postal code? |  |
| Do you consider yourself to be disabled? |  |
| Are you: married, in a relationship, single? |  |
| How many children do you have? |  |
| What period of time does your story relate to? Please include approximate dates. |  |