**IDEAS qualitative study: FLW – family interactions**

*Informed Consent*

**For the interviewer:**

Is the respondent ages 18 or over?

Has the respondent or their families had at least one interaction with the 

FOMWAN or TBA during the last pregnancy, delivery or postnatal period?

**Please tick all boxes that apply:**

|  |  |
| --- | --- |
| I have read the study information sheet and/or have been given a clear overview of the study |  |
| I am happy for you to write about what I have said during our interview on the understanding that you will not reveal my identity in any study outputs |  |
| I am happy for the interview to be sound recorded |  |
| I am happy for you to include quotations from this interview |  |
| I am happy for the information collected in our interview to be transferred to London, UK |  |
| I am willing to be interviewed |  |

|  |
| --- |
| **Interviewee****Name** (in BLOCK CAPITALS)Signature Date |

**Researcher**

**Name** (in BLOCK CAPITALS)

Signature Date

Family members interviewed:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Relationship to above interviewee | Code | Relationship to above interviewee |
|  |  |  |  |
|  |  |  |  |