

FOCUS GROUP: Demographic Questionnaire

Please answer the following questions in the spaces provided, circle or tick the most appropriate options.

1. Age :.....

2. Are you: (please tick as necessary) Male Female

3. What is your professional background?

- Midwife
- Student Midwife
- Obstetrician - SHO
- Obstetrician - Registrar
- Obstetrician - Consultant
- Other: (please describe) _____

4. Are you: (please tick as necessary) Full time Part time

5. How many years have you worked in this hospital?

- <1 Year 1-2 Years
- 3-5 Years 6-10 Years
- >10 Years

6. Overall, how many years' experience in maternity do you have?

- <1 Year 1-2 Years
- 3-5 Years 6-10 Years
- >10 Years

Thank you for taking the time to complete this questionnaire