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