

**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***