

Quality Check Sheet

Schedule Serial No: _____

Section 1

For Partner Medical College

Interviewer's Observations about Respondent:

1. Very Co-operative 2. Co-operative 3. Non Co-operative

General Comments:

A. Name of Interviewer : (1) _____
Name of Recorder : (2) _____

Signatures with Date : _____

B. Sign of Medical College Investigator with Date: _____

Date of despatch to the Regional Centre: ____ / ____ / ____

Section 2

For Regional Centre:

a. Audio Quality: Observations If inadequate, What was done?
1. Good 2. Ok 3. Poor (noisy)

b. Transcription: 1. Adequate 2. Inadequate:

c. Translation: 1. Adequate 2. Inadequate:

Sign of Quality Assurance Research Associate with date: _____

Quality of Schedule: 1. Acceptable 2. Not acceptable

If not acceptable, assign reasons and give reference of communication sent to the Investigator:

Sign of the Regional Centre Investigator with date: _____

Date of despatch to Central Coordinating Office (Thiruvananthapuram): ____ / ____ / ____

All Interview Schedules along with **Tapes** to be sent to **Central Coordinating Office,**

irrespective of their quality status.

THE INCLEN TRUST