

Checklist utilization feedback survey for user impressions

Protocol Title: BetterBirth: WHO Safe Childbirth Checklist program trial
Description of respondents to the questionnaire: Health workers at the study site who care for mothers and babies around the time of childbirth
Investigators: Dr. Atul A. Gawande, Harvard School of Public Health, Boston Dr. Vishwajeet Kumar, Community Empowerment Lab, Shivgarh Dr. Bhala Kodkany, Jawaharlal Nehru Medical College, Belgaum
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The Harvard School of Public Health, the Community Empowerment Lab, and PSI are working with the Government of Uttar Pradesh and your facility to study the effect of WHO Safe Childbirth Checklist program in improving care of mothers and newborns. We would like to ask you some questions about providing care to mothers and newborns around the time of childbirth. This survey is part of a research study and taking the survey is voluntary.

If you agree to participate in this part of the research study, please complete this short survey questionnaire. You don't have to answer any of these questions or you may answer only some of the questions. You will not put your name on the survey. No one will know whether or not you answered any of the questions or what your answers were. If you choose to not complete the survey, it will have no effect on your job and no one will know that you refused. Please put the survey in the box whether or not you answered any questions.

If you have any questions regarding the project or would like a copy of the survey you can contact:

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26/11, Wazir Hasan Road
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Please check:

- ☐ *I agree to complete the survey*
☐ *I do not want to complete the survey-please put into the designated box*

Date: _____

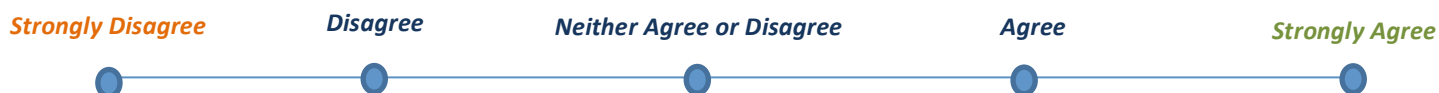
If you agree to take this survey, mark your response by crossing the box ☐ next to your preferred option like this *X*.

Please choose only one option per question. In the event that you do not wish to answer any question, you are free to skip it."

Q. #	Question	Options (Please put a check mark on the box alongside)			
1.	What is your role at this facility?	<input type="checkbox"/> Doctor	<input type="checkbox"/> L.H.V.	<input type="checkbox"/> A.N.M.	<input type="checkbox"/> Staff nurse

For question numbers 2 to 9, please read each statement carefully and respond by selecting circling the option with which you most agree or that most reflects how you feel.

2) The checklist was easy to use.



3) The checklist improved safety in labor, delivery and/or post-partum wards.



4) The checklist took a long time to complete.



5) If I was having a baby I would want the checklist to be used.



6) Communication between staff about childbirth activities was improved through the use of the checklist.



7) Communication between healthcare workers and women coming to delivery was improved through the use of the checklist.



8) The checklist helped prevent errors in labor, delivery and/or post-partum wards.



9) Situations outside my control often make it difficult for me to follow all of the essential birth practices on the checklist?

