DATA COLLECTION LOG (1st AUDIT cycle)

This log summarises the CAPTION data collection process and any issues encountered. Please complete after the review of patient records and return to your State Project Officer. Please remember, your responses will be kept strictly confidential. We appreciate your open and honest feedback.

Hospital ID __ __ __

Data collection start date: __ __ / __ __ / __ __

Data collection end date: __ __ / __ __ / __ __

Name of person doing data collection (optional) ________________

Profession of person(s) doing data collection ________________ ________________ ________________

Total number of records reviewed __ __ __ Number of records discarded __ __ __

How was data collection carried out? (please circle)

From paper then entry into Audit Maker

Directly to Audit Maker

Combination of both

Average time taken per record (mins) __ __ __

Please record any particular problems in reviewing records (e.g. access to records/legibility/inadequate information recorded etc.)

__________________________________________________________________________

Please rate (by circling) on the following 5-point scale how easy Audit Maker was to use, where 1 equals extremely easy and 5 equals extremely difficult:

1  Extremely easy

2

3

4

5  Extremely difficult

Please record any particular problems or comments related to either the data collection process and/or using Audit Maker (in particular any problems with data entry and/or generating the feedback report):

__________________________________________________________________________

Thank you for your feedback.

Please return your completed log to your State project officer.