**Transcription feedback form**

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| **Name of the file*:***  **Transcriber initials**:  | **Duration in minutes**:  |
| **Time started**:  | **Time finished**:  | **Total time taken to transcribe**:  |
| **Work type**: **Interview** **FGDs**   | **Date received**: **Date handed over:**   |
| **Quality Control Assessment**  | **Comment:**  |
| **Audio Quality issues**  | Unclear Low volumeStrong accentsBackground noise Complex terms  |   |
| **Proof reading section:** *(NB: Feedback should include corrected and / or inserted text with reference to support the edits made.)***Name of the proof reader** | **Time start:****Time End:**  | **Date received for proof reading**: **Time taken to proof read**: **Comments:** |
| **Feedback to the transcriber:**  |
| What is your general comment about the overall transcription work |   |
|  | **5= Very satisfied, 4= Satisfied, 3= Average, 2= Not satisfied, 1= very unsatisfied**  |
| Overall transcription quality  | **Rating**  | **Comments:**  |
|   |   |
| Overall time taken to deliver the work |   |   |