**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 volume  Strong accents  Background 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 | | |  |  |