



SLEEP HEART HEALTH STUDY

INTERVIEWER QUALITY CONTROL SUPERVISOR CHECK LIST

Field Center: _____

Interviewer #: _____

Supervisor: _____

Date: _____ / _____ / _____
month day year

Interview/form reviewed: Health Interview Medications - Prescription and Over-the-Counter

Using the scale key below, evaluate the interviewer's performance for each of the following procedures. Write any comments in the spaces provided.

- Key:** N/A - Not applicable 4 - Above expectation (met all standards and in some instances exceeded them)
- 1 - Unsatisfactory (failed to meet standards) 5 - Outstanding (distinguished performance, consistently exceeded all standards)
- 2 - Below expectation (did not meet some standards)
- 3 - At expectation (met standards)

Answers respondent's questions and concerns.

Comments: _____

Speaks slowly and distinctly, reading the questions at neutral/even pace.

Comments: _____

Maintains the focus of the interview but allows participant to express thoughts.

Comments: _____

Follows instructions/reads questions as they are written.

Comments: _____

Initiates (where needed) appropriate nonleading questions.

Comments: _____

Records/codes answers correctly (follows skip patterns as needed).

Comments: _____

Completes the editing process and reviews forms.

Comments: _____

General Overall Rating

Comments: _____

Signature of reviewer: _____