

# Evaluation of perinatal telehealth maternity education and clinical support within the Western Australian Country Health Service (WACHS). (PID: 518)

18.09.2023 11:50

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																		
<b>Instrument: Introduction</b> (introduction)  Enabled as survey																					
1	[record_id]	Record ID	text																		
2	[introduction]	Which of the following statements apply to you (you may tick more than one box)	checkbox, Required <table border="1"> <tr> <td>1</td> <td>introduction__1</td> <td>I am over 18 years of age</td> </tr> <tr> <td>2</td> <td>introduction__2</td> <td>I am a consumer who participated in the Positive Birth Program</td> </tr> <tr> <td>3</td> <td>introduction__3</td> <td>I am a clinician who referred to or provided the Positive Birth Program</td> </tr> <tr> <td>4</td> <td>introduction__4</td> <td>I am a consumer and used the Lactation consultancy service</td> </tr> <tr> <td>5</td> <td>introduction__5</td> <td>I am a clinician who referred to or provided the Lactation Consultancy service</td> </tr> <tr> <td>6</td> <td>introduction__6</td> <td>Following the completion of this survey, I would be interested in participating in Phase Two interviews</td> </tr> </table>	1	introduction__1	I am over 18 years of age	2	introduction__2	I am a consumer who participated in the Positive Birth Program	3	introduction__3	I am a clinician who referred to or provided the Positive Birth Program	4	introduction__4	I am a consumer and used the Lactation consultancy service	5	introduction__5	I am a clinician who referred to or provided the Lactation Consultancy service	6	introduction__6	Following the completion of this survey, I would be interested in participating in Phase Two interviews
1	introduction__1	I am over 18 years of age																			
2	introduction__2	I am a consumer who participated in the Positive Birth Program																			
3	introduction__3	I am a clinician who referred to or provided the Positive Birth Program																			
4	introduction__4	I am a consumer and used the Lactation consultancy service																			
5	introduction__5	I am a clinician who referred to or provided the Lactation Consultancy service																			
6	introduction__6	Following the completion of this survey, I would be interested in participating in Phase Two interviews																			
3	[introduction_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
<b>Instrument: Positive Birth Program Consumer Survey</b> <b>Tool</b> (positive_birth_program_consumer_survey_tool)  Enabled as survey [collapsed]																					
<b>Instrument: Positive Birth Program Staff Survey Tool</b> (positive_birth_program_staff_survey_tool)  Enabled as survey [collapsed]																					
<b>Instrument: Telehealth Lactation Consultancy Consumer Survey</b> <b>Tool</b> (telehealth_lactation_consultancy_consumer_survey_t)  Enabled as survey																					
83	[age_1_0]	Section Header: <i>Section 1. Demographics.</i> 1.1 Which age bracket do you fall into?	dropdown <table border="1"> <tr> <td>1</td> <td>Under 25</td> </tr> </table>	1	Under 25																
1	Under 25																				

			<table border="1"> <tr> <td>2</td> <td>26-34</td> </tr> <tr> <td>3</td> <td>35 and over</td> </tr> </table>	2	26-34	3	35 and over										
2	26-34																
3	35 and over																
84	[aboriginal_or_tsi_status]	1.2 Would you like to tell us your Aboriginal or Torres Strait Islander Status?	dropdown <table border="1"> <tr> <td>1</td> <td>No thank you</td> </tr> <tr> <td>2</td> <td>I am not Aboriginal or Torres Strait Islander</td> </tr> <tr> <td>3</td> <td>I identify as Aboriginal or Torres Strait Islander</td> </tr> </table>	1	No thank you	2	I am not Aboriginal or Torres Strait Islander	3	I identify as Aboriginal or Torres Strait Islander								
1	No thank you																
2	I am not Aboriginal or Torres Strait Islander																
3	I identify as Aboriginal or Torres Strait Islander																
85	[language_2_0]	1.3 Is English your first language?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No										
1	Yes																
0	No																
86	[region]	1.3 What region do you live in?	dropdown <table border="1"> <tr> <td>1</td> <td>Great Southern</td> </tr> <tr> <td>2</td> <td>Southwest</td> </tr> <tr> <td>3</td> <td>Goldfields</td> </tr> <tr> <td>4</td> <td>Kimberly</td> </tr> <tr> <td>5</td> <td>Pilbara</td> </tr> <tr> <td>6</td> <td>Midwest</td> </tr> <tr> <td>7</td> <td>Wheatbelt</td> </tr> </table>	1	Great Southern	2	Southwest	3	Goldfields	4	Kimberly	5	Pilbara	6	Midwest	7	Wheatbelt
1	Great Southern																
2	Southwest																
3	Goldfields																
4	Kimberly																
5	Pilbara																
6	Midwest																
7	Wheatbelt																
87	[first_time]	1.4 Is this your first-time breast feeding?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No										
1	Yes																
0	No																
88	[how_long_bf] Show the field ONLY if: [first_time]=2	1.5 How long did you breastfeed your other children?	dropdown <table border="1"> <tr> <td>1</td> <td>Birth to 6 weeks</td> </tr> <tr> <td>2</td> <td>6 - 12 weeks</td> </tr> <tr> <td>3</td> <td>3 - 6 months</td> </tr> <tr> <td>4</td> <td>6 months of longer</td> </tr> </table>	1	Birth to 6 weeks	2	6 - 12 weeks	3	3 - 6 months	4	6 months of longer						
1	Birth to 6 weeks																
2	6 - 12 weeks																
3	3 - 6 months																
4	6 months of longer																
89	[exclusive_bf] Show the field ONLY if: [first_time]=2	1.6 How long did you exclusively breast feed?	dropdown <table border="1"> <tr> <td>1</td> <td>Birth to 6 weeks</td> </tr> <tr> <td>2</td> <td>6 - 12 weeks</td> </tr> <tr> <td>3</td> <td>3 - 6 months</td> </tr> <tr> <td>4</td> <td>6 months of longer</td> </tr> </table>	1	Birth to 6 weeks	2	6 - 12 weeks	3	3 - 6 months	4	6 months of longer						
1	Birth to 6 weeks																
2	6 - 12 weeks																
3	3 - 6 months																
4	6 months of longer																
90	[difficulty] Show the field ONLY if: [first_time]=2	1.7 Have you had difficulty breast feeding in the past?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No										
1	Yes																
0	No																
91	[previous_support] Show the field ONLY if: [first_time]=2	1.8 Did you receive breast feeding support in the past and did you find it helpful?	dropdown <table border="1"> <tr> <td>1</td> <td>I have received breast feeding support in the past and it was helpful.</td> </tr> </table>	1	I have received breast feeding support in the past and it was helpful.												
1	I have received breast feeding support in the past and it was helpful.																



			<table border="1"> <tr> <td>2</td> <td>I received support in the past but it didn't help.</td> </tr> <tr> <td>3</td> <td>I have not had breast feeding support in the past.</td> </tr> </table>	2	I received support in the past but it didn't help.	3	I have not had breast feeding support in the past.																	
2	I received support in the past but it didn't help.																							
3	I have not had breast feeding support in the past.																							
92	[compare] Show the field ONLY if: [first_time]=2	1.9 How did your previous breast-feeding experiences compare to this time around?	notes																					
93	[how_did_you_hear_3_0]	Section Header: <i>Section 2. Current breast-feeding journey.</i> 2.1 How did you hear about the WACHS Telehealth Lactation Consultancy Service? Please tick all that apply.	checkbox <table border="1"> <tr> <td>1</td> <td>how_did_you_hear_3_0__1</td> <td>Referral from my midwife doctor</td> </tr> <tr> <td>2</td> <td>how_did_you_hear_3_0__2</td> <td>I asked my health care provider for referral</td> </tr> <tr> <td>3</td> <td>how_did_you_hear_3_0__3</td> <td>Word of mouth from someone I told me about the program</td> </tr> <tr> <td>4</td> <td>how_did_you_hear_3_0__4</td> <td>Internet/web search</td> </tr> <tr> <td>5</td> <td>how_did_you_hear_3_0__5</td> <td>Social Media</td> </tr> <tr> <td>6</td> <td>how_did_you_hear_3_0__6</td> <td>Flyer/advertisement at my local health service</td> </tr> <tr> <td>7</td> <td>how_did_you_hear_3_0__7</td> <td>Other (please explain below)</td> </tr> </table>	1	how_did_you_hear_3_0__1	Referral from my midwife doctor	2	how_did_you_hear_3_0__2	I asked my health care provider for referral	3	how_did_you_hear_3_0__3	Word of mouth from someone I told me about the program	4	how_did_you_hear_3_0__4	Internet/web search	5	how_did_you_hear_3_0__5	Social Media	6	how_did_you_hear_3_0__6	Flyer/advertisement at my local health service	7	how_did_you_hear_3_0__7	Other (please explain below)
1	how_did_you_hear_3_0__1	Referral from my midwife doctor																						
2	how_did_you_hear_3_0__2	I asked my health care provider for referral																						
3	how_did_you_hear_3_0__3	Word of mouth from someone I told me about the program																						
4	how_did_you_hear_3_0__4	Internet/web search																						
5	how_did_you_hear_3_0__5	Social Media																						
6	how_did_you_hear_3_0__6	Flyer/advertisement at my local health service																						
7	how_did_you_hear_3_0__7	Other (please explain below)																						
94	[other_how_did_you_hear_3_0] Show the field ONLY if: [how_did_you_hear_3_0(7)]=1		notes																					
95	[ftf]	2.2 Does the maternity service near where you live offer face to face lactation consultancy service?	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>I don't know</td> </tr> </table>	1	Yes	2	No	3	I don't know															
1	Yes																							
2	No																							
3	I don't know																							
96	[travel_3_0]	2.3 How far would you need to travel to reach face-to-face services?	dropdown <table border="1"> <tr> <td>1</td> <td>1-10km</td> </tr> <tr> <td>2</td> <td>11-20km</td> </tr> <tr> <td>3</td> <td>21-40km</td> </tr> <tr> <td>4</td> <td>41-60km</td> </tr> <tr> <td>5</td> <td>60km+</td> </tr> </table>	1	1-10km	2	11-20km	3	21-40km	4	41-60km	5	60km+											
1	1-10km																							
2	11-20km																							
3	21-40km																							
4	41-60km																							
5	60km+																							
97	[currently_bf]	2.4 Are you currently still breastfeeding?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No																	
1	Yes																							
0	No																							

98	[ <a href="#">how_long_3_0</a> ] Show the field ONLY if: [currently_bf]='1'	2.4b How long have you been breast feeding this baby?	notes																								
99	[ <a href="#">how_long_4_0</a> ] Show the field ONLY if: [currently_bf]='2'	2.4c How long did you feed this baby?	notes																								
100	[ <a href="#">why</a> ]	2.5 Why did you seek Lactation Consultancy support? You can tick more than one box.	checkbox <table border="1"> <tr> <td>1</td> <td>why__1</td> <td>Cracked sore nipples</td> </tr> <tr> <td>2</td> <td>why__2</td> <td>Mastitis</td> </tr> <tr> <td>3</td> <td>why__3</td> <td>Guidance for my first-time breast feeding</td> </tr> <tr> <td>4</td> <td>why__4</td> <td>Unsettled baby</td> </tr> <tr> <td>5</td> <td>why__5</td> <td>Suspected tongue tie</td> </tr> <tr> <td>6</td> <td>why__6</td> <td>Baby not gaining weight</td> </tr> <tr> <td>7</td> <td>why__7</td> <td>Latch advice</td> </tr> <tr> <td>8</td> <td>why__8</td> <td>Other</td> </tr> </table>	1	why__1	Cracked sore nipples	2	why__2	Mastitis	3	why__3	Guidance for my first-time breast feeding	4	why__4	Unsettled baby	5	why__5	Suspected tongue tie	6	why__6	Baby not gaining weight	7	why__7	Latch advice	8	why__8	Other
1	why__1	Cracked sore nipples																									
2	why__2	Mastitis																									
3	why__3	Guidance for my first-time breast feeding																									
4	why__4	Unsettled baby																									
5	why__5	Suspected tongue tie																									
6	why__6	Baby not gaining weight																									
7	why__7	Latch advice																									
8	why__8	Other																									
101	[ <a href="#">other_why</a> ] Show the field ONLY if: [why(8)]=1		notes																								
102	[ <a href="#">again</a> ]	2.6 Have you attended breastfeeding education group classes online?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No																				
1	Yes																										
0	No																										
103	[ <a href="#">topics</a> ]	2.6b Which topics do you think would be helpful to include in breastfeeding group online classes? (Tick all that apply)	checkbox <table border="1"> <tr> <td>1</td> <td>topics__1</td> <td>Positioning and attachment - Painful nipples with feeding? Is that normal</td> </tr> <tr> <td>2</td> <td>topics__2</td> <td>Supply - do I have enough milk?</td> </tr> <tr> <td>3</td> <td>topics__3</td> <td>Is my baby getting enough? How do I know?</td> </tr> <tr> <td>4</td> <td>topics__4</td> <td>Mastitis</td> </tr> <tr> <td>5</td> <td>topics__5</td> <td>Oversupply</td> </tr> <tr> <td>6</td> <td>topics__6</td> <td>Blocked ducts</td> </tr> <tr> <td>7</td> <td>topics__7</td> <td>Tongue tie</td> </tr> <tr> <td>8</td> <td>topics__8</td> <td>Other suggestions?</td> </tr> </table>	1	topics__1	Positioning and attachment - Painful nipples with feeding? Is that normal	2	topics__2	Supply - do I have enough milk?	3	topics__3	Is my baby getting enough? How do I know?	4	topics__4	Mastitis	5	topics__5	Oversupply	6	topics__6	Blocked ducts	7	topics__7	Tongue tie	8	topics__8	Other suggestions?
1	topics__1	Positioning and attachment - Painful nipples with feeding? Is that normal																									
2	topics__2	Supply - do I have enough milk?																									
3	topics__3	Is my baby getting enough? How do I know?																									
4	topics__4	Mastitis																									
5	topics__5	Oversupply																									
6	topics__6	Blocked ducts																									
7	topics__7	Tongue tie																									
8	topics__8	Other suggestions?																									
104	[ <a href="#">other_suggestions</a> ] Show the field ONLY if: [topics(8)]=1	Please list other suggestions.	notes																								
105	[ <a href="#">delivery_time</a> ]	2.6c When do you think is the best time for online education group classes?	dropdown																								

			<table border="1"> <tr><td>1</td><td>During pregnancy</td></tr> <tr><td>2</td><td>Immediately following birth</td></tr> <tr><td>3</td><td>1-2 weeks</td></tr> <tr><td>4</td><td>2-4 weeks</td></tr> <tr><td>5</td><td>4-6 weeks</td></tr> </table>	1	During pregnancy	2	Immediately following birth	3	1-2 weeks	4	2-4 weeks	5	4-6 weeks								
1	During pregnancy																				
2	Immediately following birth																				
3	1-2 weeks																				
4	2-4 weeks																				
5	4-6 weeks																				
106	[again_3_0]	2.7 Would you access the service again if you needed lactation advice?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No														
1	Yes																				
0	No																				
107	[why_wouldnt_you_again_1c]  Show the field ONLY if: [again_3_0]='0'	2.7b Why wouldn't you use the service again?	<p>notes</p> <p>Custom alignment: RH</p>																		
108	[saved_time_3_0]	2.8 Do you feel receiving lactation support online saved you time?	<p>dropdown</p> <table border="1"> <tr><td>No</td><td>I don't believe I saved any time</td></tr> <tr><td>1</td><td>It saved me time, but time saving is not important to me</td></tr> <tr><td>2</td><td>It saved me time that was important to me</td></tr> <tr><td>3</td><td>I am unsure if I saved time</td></tr> </table>	No	I don't believe I saved any time	1	It saved me time, but time saving is not important to me	2	It saved me time that was important to me	3	I am unsure if I saved time										
No	I don't believe I saved any time																				
1	It saved me time, but time saving is not important to me																				
2	It saved me time that was important to me																				
3	I am unsure if I saved time																				
109	[saved_money_3_0]	2.9 Do you feel receiving lactation support online saved you money?	<p>dropdown</p> <table border="1"> <tr><td>No</td><td>I don't believe I saved any money</td></tr> <tr><td>1</td><td>I saved between \$0 - \$100</td></tr> <tr><td>2</td><td>I saved between \$100 - \$500</td></tr> <tr><td>3</td><td>I saved over \$500</td></tr> </table>	No	I don't believe I saved any money	1	I saved between \$0 - \$100	2	I saved between \$100 - \$500	3	I saved over \$500										
No	I don't believe I saved any money																				
1	I saved between \$0 - \$100																				
2	I saved between \$100 - \$500																				
3	I saved over \$500																				
110	[other_support]	2.10 Did you access any other lactation support alongside the Telehealth Lactation Consultancy Program? If yes, please tick all that are applicable.	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>other_support__1</td><td>Support from a General Practitioner</td></tr> <tr><td>2</td><td>other_support__2</td><td>Face to Face education with a midwife</td></tr> <tr><td>3</td><td>other_support__3</td><td>Social media support groups/pages</td></tr> <tr><td>4</td><td>other_support__4</td><td>Private Lactation Consultancy Service</td></tr> <tr><td>5</td><td>other_support__5</td><td>Friend or family members advice</td></tr> <tr><td>6</td><td>other_support__6</td><td>Other (Please specify below)</td></tr> </table>	1	other_support__1	Support from a General Practitioner	2	other_support__2	Face to Face education with a midwife	3	other_support__3	Social media support groups/pages	4	other_support__4	Private Lactation Consultancy Service	5	other_support__5	Friend or family members advice	6	other_support__6	Other (Please specify below)
1	other_support__1	Support from a General Practitioner																			
2	other_support__2	Face to Face education with a midwife																			
3	other_support__3	Social media support groups/pages																			
4	other_support__4	Private Lactation Consultancy Service																			
5	other_support__5	Friend or family members advice																			
6	other_support__6	Other (Please specify below)																			
111	[other_other_programs_3_0]		<p>notes</p>																		

	Show the field ONLY if: [other_support(6)]=1																	
112	[ suggest_to_others_3_0 ]  Show the field ONLY if: [suggest_to_others_3_0]=0'	2.11 Having accessed the Telehealth Lactation Consultancy service, would you suggest it to others?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No											
1	Yes																	
0	No																	
113	[ suggest_to_others_note ]  Show the field ONLY if: [suggest_to_others_3_0]=0'	2.11b Why wouldn't you suggest the service to others?	notes Custom alignment: RH															
114	[ resolved_3_0 ]	2.12 Did you receive the support and information you required?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No											
1	Yes																	
0	No																	
115	[ feed_for_longer ]	2.13 Do you think this service assisted you to breast feed for longer?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No											
1	Yes																	
0	No																	
116	[ continue_3_0 ]	2.14 Would you have continued to breast feed if you did not have this service?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No											
1	Yes																	
0	No																	
117	[ how_3_0 ]	Section Header: <i>Section 3. Technology.</i> 3.6 Did you have video conference with the lactation consultant or was it over the phone? Tick all that apply.	checkbox <table border="1"> <tr> <td>1</td> <td>how_3_0__1</td> <td>Video Conference</td> </tr> <tr> <td>2</td> <td>how_3_0__2</td> <td>Telephone</td> </tr> </table>	1	how_3_0__1	Video Conference	2	how_3_0__2	Telephone									
1	how_3_0__1	Video Conference																
2	how_3_0__2	Telephone																
118	[ where_3_0 ]	3.7 Did you access the service from home or elsewhere?	checkbox <table border="1"> <tr> <td>1</td> <td>where_3_0__1</td> <td>Home</td> </tr> <tr> <td>2</td> <td>where_3_0__2</td> <td>Library/community resource centre</td> </tr> <tr> <td>3</td> <td>where_3_0__3</td> <td>The local health service facility</td> </tr> <tr> <td>4</td> <td>where_3_0__4</td> <td>Family or friend's house</td> </tr> <tr> <td>5</td> <td>where_3_0__5</td> <td>Other (please specify below)</td> </tr> </table>	1	where_3_0__1	Home	2	where_3_0__2	Library/community resource centre	3	where_3_0__3	The local health service facility	4	where_3_0__4	Family or friend's house	5	where_3_0__5	Other (please specify below)
1	where_3_0__1	Home																
2	where_3_0__2	Library/community resource centre																
3	where_3_0__3	The local health service facility																
4	where_3_0__4	Family or friend's house																
5	where_3_0__5	Other (please specify below)																
119	[ other_where_3_0 ]  Show the field ONLY if: [where_3_0(5)]=1	3.7b Where else did you access the service?	notes															
120	[ device_3_0 ]	3.8 What device did you use to access the program?	dropdown <table border="1"> <tr> <td>1</td> <td>Computer</td> </tr> </table>	1	Computer													
1	Computer																	

			<table border="1"> <tr> <td>2</td> <td>Mobile phone</td> </tr> <tr> <td>3</td> <td>Tablet (ipad or other)</td> </tr> </table>	2	Mobile phone	3	Tablet (ipad or other)				
2	Mobile phone										
3	Tablet (ipad or other)										
121	[data]	3.9 Were you worried about using your own internet data?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No				
1	Yes										
0	No										
122	[agree_disagree4]	3.10 Please indicate whether you agree or disagree with the following statements:	descriptive								
123	[tech_easy_3_0]	The technology was easy to use.	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Agree</td> </tr> <tr> <td>2</td> <td>Somewhat Agree</td> </tr> <tr> <td>3</td> <td>Somewhat Disagree</td> </tr> <tr> <td>4</td> <td>Disagree</td> </tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree
1	Agree										
2	Somewhat Agree										
3	Somewhat Disagree										
4	Disagree										
124	[internet_3_0]	I had adequate internet speed and access to join the program.	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Agree</td> </tr> <tr> <td>2</td> <td>Somewhat Agree</td> </tr> <tr> <td>3</td> <td>Somewhat Disagree</td> </tr> <tr> <td>4</td> <td>Disagree</td> </tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree
1	Agree										
2	Somewhat Agree										
3	Somewhat Disagree										
4	Disagree										
125	[audio_3_0]	The audio worked well and was clear.	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Agree</td> </tr> <tr> <td>2</td> <td>Somewhat Agree</td> </tr> <tr> <td>3</td> <td>Somewhat Disagree</td> </tr> <tr> <td>4</td> <td>Disagree</td> </tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree
1	Agree										
2	Somewhat Agree										
3	Somewhat Disagree										
4	Disagree										
126	[video_3_0]	The video worked well and was clear.	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Agree</td> </tr> <tr> <td>2</td> <td>Somewhat Agree</td> </tr> <tr> <td>3</td> <td>Somewhat Disagree</td> </tr> <tr> <td>4</td> <td>Disagree</td> </tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree
1	Agree										
2	Somewhat Agree										
3	Somewhat Disagree										
4	Disagree										
127	[convenient_3_0]	The Telehealth Lactation Consultancy Program was convenient	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Agree</td> </tr> <tr> <td>2</td> <td>Somewhat Agree</td> </tr> <tr> <td>3</td> <td>Somewhat Disagree</td> </tr> <tr> <td>4</td> <td>Disagree</td> </tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree
1	Agree										
2	Somewhat Agree										
3	Somewhat Disagree										
4	Disagree										
128	[platform_3_0]	The platform I used was easy to use (i.e Teams, Zoom)	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Agree</td> </tr> <tr> <td>2</td> <td>Somewhat Agree</td> </tr> <tr> <td>3</td> <td>Somewhat Disagree</td> </tr> <tr> <td>4</td> <td>Disagree</td> </tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree
1	Agree										
2	Somewhat Agree										
3	Somewhat Disagree										
4	Disagree										
129	[prefer_f2t]	3.11 Would you have preferred face to face lactation support?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										

			Custom alignment: RH												
130	[ f2f_better ] Show the field ONLY if: [prefer_f2f]='1'	3.11b Why would you prefer face to face lactation support?	notes Custom alignment: RH												
131	[ other_digital_technology ]	3.12 Did you use other digital technology to find breastfeeding information? please tick all that apply	checkbox <table border="1"> <tr> <td>1</td> <td>other_digital_technology__1</td> <td>Online videos</td> </tr> <tr> <td>2</td> <td>other_digital_technology__2</td> <td>Telephone application</td> </tr> <tr> <td>3</td> <td>other_digital_technology__3</td> <td>Social media</td> </tr> <tr> <td>4</td> <td>other_digital_technology__4</td> <td>Other</td> </tr> </table>	1	other_digital_technology__1	Online videos	2	other_digital_technology__2	Telephone application	3	other_digital_technology__3	Social media	4	other_digital_technology__4	Other
1	other_digital_technology__1	Online videos													
2	other_digital_technology__2	Telephone application													
3	other_digital_technology__3	Social media													
4	other_digital_technology__4	Other													
132	[ other_information ] Show the field ONLY if: [other_digital_technology(4)]=1		notes												
133	[ if_offered ]	3.13 Would you like to have had other digital support offered? Tick those that apply	checkbox <table border="1"> <tr> <td>1</td> <td>if_offered__1</td> <td>Video</td> </tr> <tr> <td>2</td> <td>if_offered__2</td> <td>App</td> </tr> <tr> <td>3</td> <td>if_offered__3</td> <td>Social media</td> </tr> <tr> <td>4</td> <td>if_offered__4</td> <td>Online breastfeeding classes</td> </tr> </table>	1	if_offered__1	Video	2	if_offered__2	App	3	if_offered__3	Social media	4	if_offered__4	Online breastfeeding classes
1	if_offered__1	Video													
2	if_offered__2	App													
3	if_offered__3	Social media													
4	if_offered__4	Online breastfeeding classes													
134	[ last_feedback ]	3.14 Is there anything else you would like to tell us (Positive or negative feedback)?	notes												
135	[ thankyou_3_0 ]	If you feel you need support following the completion of this survey, please see the below resources:  Pregnancy birth and baby 1800 882 436 Dads in distress support services 1300 853 437	descriptive												
136	[ telehealth_lactation_consultancy_consumption_survey_t_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
<b>Instrument: Telehealth Lactation Consultancy Staff Survey</b>															
<b>Tool</b> (telehealth_lactation_consultancy_staff_survey_tool)		 Enabled as survey	[collapsed]												
<b>Instrument: Phase Two</b> (phase_two)		 Enabled as survey	[collapsed]												