

Challenges associated with designing a new questionnaire

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Workshop on resource use measurement based on patient recall. Issues, challenges and DIRUM

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Off-the-peg or bespoke?

Some advantages of off-the-peg

- no need to invest in development
- consistency between (related) studies

Some disadvantages of off-the-peg

- may not be best way to capture key resource items
- burden on patient with less relevant questions

Some basic first principles

Resource use data needs to match the study perspective (NHS, public sector, societal)

Some resource use data can come from other sources i.e. mixed methods

- CONSTRUCT

Decision Rule: $MB > MC$

Cost = researcher time, patient burden, response rate, missing data, etc.

Who do you ask?

“Patient Recall” so ask the patient (stupid)

- Children?
- Cognitive impaired?

Not always so obvious

- relevance of literature on preference elicitation /
assigning utilities to health states?

How often do you ask?

- Baseline?
 - pre-existing pattern of resource use as co-variate?
 - rely on randomisation to even out?
- Length of recall period - in context of study
 - university student behaviour
 - breast feeding
- Gaps versus completeness
- Link with data capture points of others if possible

What level of detail?

- Example of clinic visits
 - number of visits?
 - specialty?
 - who did you see? (man = doctor, woman = nurse)
 - doctor? (consultant v junior)
 - investigations?

How do you ask?

Patient borne costs

- Car travel:
 - miles or time?
 - engine size?
- time off work:
 - hours, days, half-days?
 - Occupation/salary?

Drugs

- name (Gaviscon v Gaviscon Plus)
- strength/frequency/PRN
- list versus open ended (handwriting!)

Total or 'relevant' resource use?

- What resources might conceivably/are most likely to be affected by the intervention?
 - DEPICTED: falls
 - CONSTRUCT: drugs
 - CREST: headaches

Validity check?

- Necessary?
- Sample only
 - how many?
 - how selected?
- What if two methods show big difference?
 - are medical records the gold standard?