

CMED 305 Course

Practical Exercise on : Designing Questionnaire

It is necessary to always keep in minds that design of questionnaire influences data quality and thereby the results. Hence it is vital to design a good questionnaire.

Necessary details to know before the designing of questionnaire:

1. Clear objectives and research question
2. Target population
3. Precise definitions of all measurement variables

Types of questions

A Questionnaire may be open or closed ended and be presented in various formats.

Closed questions are questions which limit the response to a specified list of answers. The use of closed questions offers a number of advantages to the researcher, including providing a set of standard responses that enable researchers to produce aggregated data quickly. In contrast, open questions allow the respondent to answer freely. However, if opened ended questions are used, then the methods for analyzing these responses should be considered during the design of the questionnaire.

Example of open question:

1.How do you rate Madagascar as an exotic destination?

Answer : _____

Example of closed question:

2.Do you feel that every case of domestic violence must be reported?

- a. Strongly agree b. agree c. disagree d.strongly
disagree e.not sure f. refused to answer

Categorization of questions

Normally the questions of large survey instruments are grouped into headings or categories for convenience.

1. Title, purpose and confidentiality details
2. Soiodemographic details
3. Medical history
4. Habits and personal details
5. Measurements-clinical/biochemical
6. And other title related questions

Pilot or pre-testing

Piloting the questionnaire among a representative sample of the target population in the same way that it will be administered in the main study is essential and will help identify potential problems with the design or layout of the questionnaire.

Point to remember: It is preferred to keep the questions short and specific.

Clear instructions on how to fill the questionnaire must be given.

Consent should be clearly mentioned on top of the questionnaire.

Samples of questionnaires

Survey # _____ Hospital Name: _____ Department: _____ Ward: _____
 Age: _____ Date: _____

Male ₁ Female ₂

	Never	Sometimes	Usually	Always
1. During this hospital stay, how often did <u>nurses</u> treat you with courtesy and respect?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. During this hospital stay, how often did <u>nurses</u> listen carefully to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. During this hospital stay, how often did <u>nurses</u> explain things in a way you could understand?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. During this hospital stay, how often did <u>doctors/health officers</u> treat you with courtesy and respect?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. During this hospital stay, how often did <u>doctors/health officers</u> listen carefully to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. During this hospital stay, how often did <u>doctors/health officers</u> explain things in a way you could understand?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. I could distinguish between doctors/health officers and nurses.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. During this hospital stay, how often was the room you were sleeping in kept clean?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. During this hospital stay, how often was the area around you quiet at night?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. During this hospital stay, how often did staff make sure you have enough personal privacy?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. During this hospital stay, did you experience any pain?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No, Skip 12 & 13			
12. During this hospital stay, how often was your pain well controlled?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. During this hospital stay, how often did staff do everything they could to help you with your pain?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. During this hospital stay, were you given any medication that you had not taken before?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No, Skip 15 & 16			
15. Before giving you any new medication, how often did staff tell you what the medicine was for?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
16. Before giving you any new medication, how often did staff describe possible side effects in a way you could understand?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
17. Were you given information in a way you could understand what symptoms or health problems to look out for after you leave the hospital?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No			
18. Was it easy to find your way around the hospital?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No			
19. Is this your first time being treated at this hospital?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Cannot remember			
20. On a scale of 0-10 (0 being the worst hospital, 10 being the best hospital), how would you rate this hospital?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10 Worst hospital.....Best hospital			
21. Would you recommend this hospital to your friends and family?	<input type="checkbox"/> ₁ Definitely no	<input type="checkbox"/> ₂ Probably no	<input type="checkbox"/> ₃ Probably yes	<input type="checkbox"/> ₄ Definitely yes
22. Did you have to pay for this hospital stay?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No, Skip Q23			
23. Do you consider this hospital stay too expensive?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No			
24. How would you rate your overall health?	<input type="checkbox"/> ₁ Poor	<input type="checkbox"/> ₂ Fair	<input type="checkbox"/> ₃ Good	<input type="checkbox"/> ₄ Excellent
25. What is the highest grade or level of school that you have completed?	<input type="checkbox"/> ₁ Illiterate <input type="checkbox"/> ₂ Reading & writing ability, no formal education <input type="checkbox"/> ₃ 1 st - 8 th grade <input type="checkbox"/> ₄ 9 th - 12 th grade <input type="checkbox"/> ₅ Diploma and above <input type="checkbox"/> ₆ Other			

Sample 2

Public awareness of Non-Alcoholic Fatty liver disease

Thank you very much for your time and participation in this survey.

Yes = Y, No = N, Don't Know = DN

1. Age <20 20-40 41-60 >60
2. Sex Male Female
3. Ethnicity Caucasians Hispanics African-American
 Asian/Pacific Islander Others
4. Education Elementary School High School College Postgraduate
5. Has your doctor ever mentioned fatty liver? Y N
6. Have you ever heard about Cirrhosis (Shrinkage of liver)? Y N
7. Which of the following do you think can advance to cirrhosis? (one or more answers)
Alcohol consumption Hepatitis B/ Hepatitis C infection
Fatty liver
Other – Please specify -----
8. Which of these conditions do you think can cause fatty liver? (one or more answers)
Obesity Diabetes Excess alcohol intake High cholesterol
Lack of exercise
Other (specify) -----
9. Fatty liver is hereditary. True False
10. Is there a treatment available for fatty liver? Y N DN
11. Fatty liver is preventable. True False
12. Do you think that fatty liver can occur in a non-alcoholic? Y N DN
13. Do you think that fatty liver can be cured in its early stage? Y N DN
14. How do you think doctors diagnose fatty liver? (one or more answers)
Sonogram of liver blood tests
Body weight /obesity Not sure
15. Do you think fat in the liver can cause a serious health problem? Y N DN

1. Now let us construct simple questionnaire to determine the prevalence of anemia among female third year medical students of KKUH

Aim: To determine the prevalence of anemia

Target population: third year female medical undergraduate students

Measurement variable - hemoglobin

Students are requested to volunteer and complete the questionnaire.

Consent details

Socio demographic information

Medical history

Clinical and Biochemical investigations

2. Questionnaire to determine the prevalence of overweight and obesity among adolescent school children.

Aim: To determine the prevalence of overweight and obesity

Target population: Adolescent school children aged 13 years to 18 years

Measurement variable – height, weight

Consent

Socio demographic details

Anthropometric measurements