Hands-on guide to questionnaire research
Selecting, designing, and developing your questionnaire

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Anybody can write down a list of questions and photocopy it, but producing worthwhile and generalisable data from questionnaires needs careful planning and imaginative design.

The great popularity with questionnaires is they provide a “quick fix” for research methodology. No single method has been so abused.1

Questionnaires offer an objective means of collecting information about people’s knowledge, beliefs, attitudes, and behaviour.2,3 Do our patients like our opening hours? What do teenagers think of a local antidrugs campaign and has it changed their attitudes? Why don’t doctors use computers to their maximum potential?

Questionnaires are used as the sole method has been so abused.3

Inappropriate instruments and lack of rigour inevitably lead to poor quality data, misleading conclusions, and woolly recommendations.4 In this series we aim to present a practical guide that will enable research teams to do questionnaire research that is well designed, well managed, and non-discriminatory and which contributes to a generalisable evidence base.

What information are you trying to collect?

You and your co-researchers may have different assumptions about precisely what information you want. A formal scoping exercise will ensure that you clarify goals and if necessary reach an agreed compromise. It will also flag up potential practical problems—for example, how long the questionnaire will be and how it might be administered.

As a rule of thumb, if you are not familiar enough with the research area or with a particular population subgroup to predict the range of possible responses, and especially if such details are not available in the literature, you should first use a qualitative approach (such as focus groups) to explore the territory and map key areas for further study.5

Is a questionnaire appropriate?

People often decide to use a questionnaire for research questions that need a different method. Sometimes, a
questionnaire will be appropriate only if used within a mixed methodology study—for example, to extend and quantify the findings of an initial exploratory phase. Table A on bmj.com gives some real examples where questionnaires were used inappropriately.1

Research participants must be able to give meaningful answers (with help from a professional interviewer if necessary). Particular physical, mental, social, and linguistic needs are covered in the third article of this series.7

Could you use an existing instrument?

Using a previously validated and published questionnaire will save you time and resources; you will be able to compare your own findings with those from other studies, you need only give outline details of the instrument when you write up your work, and you may find it easier to get published (box 1).

Increasingly, health services research uses standard questionnaires designed for producing data that can be compared across studies. For example, clinical trials routinely include measures of patients’ knowledge about a disease, satisfaction with services,6 or health related quality of life.13–15 The validity (see below) of this approach depends on whether the type and range of closed responses reflects the full range of perceptions and feelings that people in all the different potential sampling frames might hold. Importantly, health status and quality of life instruments lose their validity when used beyond the context in which they were developed.

If there is no “off the peg” questionnaire available, you will have to construct your own. Using one or more standard instruments alongside a short bespoke questionnaire could save you the need to develop and validate a long list of new items.

Is the questionnaire valid and reliable?2

A valid questionnaire measures what it claims to measure. In reality, many fail to do this. For example, a self completion questionnaire that seeks to measure people’s food intake may be invalid because it measures what they say they have eaten, not what they have actually eaten.16 Similarly, responses on questionnaires that ask general practitioners how they manage particular clinical conditions differ significantly from actual clinical practice.17–18 An instrument developed in a different time, country, or cultural context may not be a valid measure in the group you are studying. For example, the item “I often attend gay parties” may have been a valid measure of a person’s sociability level in the 1950s, but the wording has a very different connotation today.

Reliable questionnaires yield consistent results from repeated samples and different researchers over time. Differences in results come from differences between participants, not from inconsistencies in how the items are understood or how different observers interpret the responses. A standardised questionnaire is one that is written and administered so all participants are asked the precisely the same questions in an identical format and responses recorded in a uniform manner. Standardising a measure increases its reliability.

Just because a questionnaire has been piloted on a few of your colleagues, used in previous studies, or published in a peer reviewed journal does not mean it is either valid or reliable. The detailed techniques for achieving validity, reliability, and standardisation are beyond the scope of this series. If you plan to develop or modify a questionnaire yourself, you must consult a specialist text on these issues.2

How should you present your questions?

Questionnaire items may be open or closed ended and be presented in various formats (figure). Table B on

<table>
<thead>
<tr>
<th>Format</th>
<th>How it looks on a questionnaire</th>
<th>Uses and advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statements with tick box categories</strong></td>
<td>Please tick the box that best matches your answer</td>
<td>General attitude measurement. Easily understood and quick to complete. Generates data suitable for non-parametric statistical analysis</td>
</tr>
<tr>
<td>Yes ☐ No ☐ Don’t know ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rating scales</strong></td>
<td>Please indicate how you feel about our new surgery opening hours by circling the number that best matches your opinion</td>
<td>Quantifies attitudes on 5 or 7 point scale and differentiates between positive and negative. Good for participants who can conceptualise linear scales and numerical values. Generates data suitable for non-parametric statistical analysis</td>
</tr>
<tr>
<td><strong>(see Sapsford2 or Oppenheim™ for details of different formats)</strong></td>
<td>Find them convenient</td>
<td></td>
</tr>
<tr>
<td>Find them inconvenient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visual analogue scales</strong></td>
<td>On the line below please draw a cross to indicate how you've reacted to your new medication</td>
<td>Precise quantification of attitudes. Good for participants who can conceptualise linear scales and have good visual skills. Data must be transformed for statistical analysis</td>
</tr>
<tr>
<td>Reacted badly</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Reacted well</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Symbols</strong></td>
<td>The nurse has just given you a lesson in healthy eating. Look at the faces below and circle the one that best shows how you feel about the advice you have been given</td>
<td>Similar to numerical rating scale and can be analysed using similar tests but easier to complete for children or those with visual or literacy problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Open ended items</strong></td>
<td>Do you think exercise and health are linked, and if so, how? Please write your response in the box below</td>
<td>Allows creative expression but may not suit less forthcoming participants. Must be formally analysed with qualitative methods</td>
</tr>
</tbody>
</table>

**Box 1: Pitfalls of designing your own questionnaire**

Natasha, a practice nurse, learns that staff at a local police station have a high incidence of health problems, which she believes are related to stress at work. She wants to test the relation between stress and health in these staff to inform the design of advice services. Natasha designs her own questionnaire. Had she completed a thorough literature search for validated measures, she would have found several high quality questionnaires that measure stress in public sector workers. Natasha’s hard work produces only a second rate study that she is unable to get published.
Apart from questions, what else should you include?

A common error by people designing questionnaires for the first time is simply to hand out a list of the questions they want answered. Table C on bmj.com gives a checklist of other things to consider. It is particularly important to provide an introductory letter or information sheet for participants to take away after completing the questionnaire.

What should the questionnaire look like?

Researchers rarely spend sufficient time on the physical layout of their questionnaire, believing that the science lies in the content of the questions and not in such details as the font size or colour. Yet empirical studies have repeatedly shown that low response rates are often due to participants being unable to read or follow the questionnaire (box 3). In general, questions should be short and to the point (around 12 words or less), but for issues of a sensitive and personal nature, short questions can be perceived as abrupt and threatening, and longer sentences are preferred.

How should you select your sample?

Different sampling techniques will affect the questions you ask and how you administer your questionnaire (see table D on bmj.com). For more detailed advice on sampling, see Bowling and Sapsford.

If you are collecting quantitative data with a view to testing a hypothesis or assessing the prevalence of a disease or problem (for example, about intergroup differences in particular attitudes or health status), seek statistical advice on the minimum sample size.

What approvals do you need before you start?

Unlike other methods, questionnaires require relatively little specialist equipment or materials, which means that inexperienced and unsupported researchers sometimes embark on questionnaire surveys without completing the necessary formalities. In the United Kingdom, a research study on NHS patients or staff must be:

- Formally approved by the relevant person in an organisation that is registered with the Department of

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**Box 2: A closed ended design that produced misleading information**

Customer: I'd like to discontinue my mobile phone rental please.

Company employee: That's fine, sir, but I need to complete a form for our records on why you've made that decision. Is it (a) you have moved to another network; (b) you've upgraded within our network; or (c) you can't afford the payments?

Customer: It isn't any of those. I've just decided I don't want to own a mobile phone any more. It's more hassle than it's worth.

Company employee: [after a pause] In that case, sir, I'll have to put you down as “can't afford the payments.”
Summary points

Questionnaire studies often fail to produce high quality generalisable data

When possible, use previously validated questionnaires

Questions must be phrased appropriately for the target audience and information required

Good explanations and design will improve response rates

Health as a research sponsor (typically, a research trust, university or college){1};

- Consistent with data protection law and logged on the organisation’s data protection files (see next article in series){8}
- Accordant with research governance frameworks{9}
- Approved by the appropriate research ethics committee (see below).

In addition, if your questionnaire study is part of a formal academic course (for example, a dissertation), you must follow any additional regulations such as gaining formal approval from your supervisor.

A study is unethical if it is scientifically unsound, causes undue offence or trauma, breaches confidentiality, or wastes people’s time or money. Written approval from a local or multicentre NHS research ethics committee (more information at www.corec.org.uk) is essential but does not in itself make a study ethical. Those working in non-NHS institutions or undertaking research outside the NHS may need to submit an additional (non-NHS) ethical committee application to their own institution or research sponsor.

The committee will require details of the study design, copies of your questionnaire, and any accompanying information or covering letters. If the questionnaire is likely to cause distress, you should include a clear plan for providing support to both participants and researchers. Remember that just because you do not find a question offensive or distressing does not mean it will not upset others.{3}

Conclusion

As we have shown above, designing a questionnaire study that produces usable data is not as easy as it might seem. Awareness of the pitfalls is essential both when planning research and appraising published studies. Table E on bmj.com gives a critical appraisal checklist for evaluating questionnaire studies. In the following two articles we will discuss how to select a sample, pilot and administer a questionnaire, and analyse data and approaches for groups that are hard to research.

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Contributors and sources: PMB and TG have taught research methods in a primary care setting for the past 15 years, specialising in practical approaches and using the experiences and concerns of researchers and participants as the basis of learning. This series of papers arose directly from questions asked about real questionnaire studies. To address these questions we explored a wide range of sources from the psychological and health services research literature.

Competing interests: None declared.

References

7 Boynton PM, Wood GW, Greenhalgh T. Hands-on guide to questionnaire research: reaching beyond the white middle classes. BMJ (in press).
19 Boynton PM. Hands-on guide to questionnaire research: administering, analysing, and reporting your questionnaire. BMJ (in press).

Endpiece

The truth about exercise

Ah, the truth about exercise? Well I suspect that exercise is more often a marker of health than its cause—healthy people like to exercise more than unhealthy people to start with. And the real value of it is not in terms of abstract health benefits like longevity—an extra few hours or maybe months—but because it feels good when you do it or when it’s over. To hell with Hygeia, the truth lies in the pleasure.

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