

Burning Issue



MOTIWALA(NATIONAL)HOMOEOPATHIC
MEDICAL COLLEGE AND HOSPITAL,NASHIK.

TOPIC

Developing Questionnaire

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General Health Questionnaire

Name: _____ Date: _____

What are you being seen for today? _____ Right Left Bilateral

How long have you had this problem for? _____

Height: _____ Weight: _____

Please check if you have any of the following medical conditions:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Bleeding problems | <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Stroke | <input type="checkbox"/> Aids/HIV |
| <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Infection | <input type="checkbox"/> Gallbladder Disease | <input type="checkbox"/> Psychiatric Illness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Clot – DVT | <input type="checkbox"/> Sleep Apnea | |
| <input type="checkbox"/> Other: _____ | | | |

Do any of the above conditions run in your family? No Yes

List: _____

Please list all current medications:

Are you currently taking any "blood thinners"? No Yes

List: _____

List any allergies to medication: _____

Please list all surgeries you have had:

Please list any other hospitalizations you have had:

Have you or a family member ever had problems with anesthesia? No Yes

Do you have or have had low back problems? No Yes

Do you smoke? No Yes How much? _____

Do you drink alcohol? None Rarely Occasionally Frequently Daily

Please check if you have any of the following:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Excessive thirst | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Dizziness or dizziness | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Cold/flu/cough | <input type="checkbox"/> Headaches | <input type="checkbox"/> Trouble walking or balance |

PATIENT HEALTH QUESTIONNAIRE (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name _____ Age _____ Sex: Female Male Today's Date _____

1. During the <u>last 4 weeks</u> , how much have you been bothered by any of the following problems?	Not bothered	Bothered a little	Bothered a lot
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menstrual cramps or other problems with your periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Constipation, loose bowels, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Nausea, gas, or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)

Name	PHN	Date (yyyy / mm / dd)
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1. For each category, please check the **one** response that best describes your abilities over the past week.

	NO DIFFICULTY	SOME DIFFICULTY	MUCH DIFFICULTY	UNABLE TO DO
Dressing and Grooming				
Dress yourself, including tying shoelaces and doing buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo your hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rising				
Stand up from an armless chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating				
Cut your meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift a full cup or glass to your mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open a new carton of milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking				
Walk outdoors on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb up five stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene				
Wash and dry your entire body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get on and off the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach				
Reach and get down a 5 lb object (for example, a bag of sugar from just above your head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend down to pick up clothing from the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grip				
Open car doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open jars which have been previously opened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn taps on and off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Health Questionnaire PHQ-9 - Self Assessment

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

Not at all Several days More than half the days Nearly every day

2. Feeling down, depressed, or hopeless

Not at all Several days More than half the days Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

Not at all Several days More than half the days Nearly every day

4. Feeling tired or having little energy

Not at all Several days More than half the days Nearly every day

5. Poor appetite or overeating

Not at all Several days More than half the days Nearly every day

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down

Not at all Several days More than half the days Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

Not at all Several days More than half the days Nearly every day

8. Moving or speaking so slowly that other people could have noticed, Or the opposite being so fidgety or restless that you have been moving around a lot more than usual

Questionnaire

A questionnaire is a research instrument that consists of a set of questions or other types of prompts that aims to collect information from a respondent.

A research questionnaire is typically a mix of close-ended questions and open-ended questions.

Questionnaire

Questionnaire is a research instrument consisting of a series of questions for the purpose of gathering information from respondents.

Questionnaires can be thought of as a kind of written interview. They can be carried out face to face, by telephone, computer or post or written Questionnaire.

Interview



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Questionnaire

Questionnaire is a list of all questions a researcher wishes to address to each respondent.

It provides a space or some mechanism for recording the response.

Questionnaire

Constructing a Questionnaire

A

- Do extensive reading and find out an already existing Questionnaire.
- The advantage is that you have a reference and it is already standardized /Validated.

Questionnaire

B

If you have to design a new one take all the efforts to decide upon the items or questions you wish to ask to the respondent.

Questionnaire

Requirement to Design a Questionnaire

- Recapitulate your own knowledge, this will help you to avoid irrelevant questions or obsolescence.
- Recollect your own observations- this will help to ask questions that would give most useful information.



Questionnaire

- Do an extensive study to decide topics and items – This will help you to learn from other experiences. It will be easy to finalize the important topics for asking questions.
- Consult experts in the field: this helps us from misguiding and walking on wrong path.

Questionnaire

Collect as many items as possible- Researcher may get only one opportunity to interact with the respondent. It is better to ask 2 or 3 questions more.

Questionnaire

C



Back Translation

While preparing a questionnaire it may happen that question is in English and the respondent knows Hindi.

In such case translate the questionnaire from English to Hindi from a person who knows both Language.

Questionnaire

D

For recording nominal variables keep as many categories as possible.

Suppose for a question :

“Are you satisfied with treatment given in Hospital ?”

Responses may be ‘YES’ or ‘NO’.

Questionnaire

We can categorize other responses like

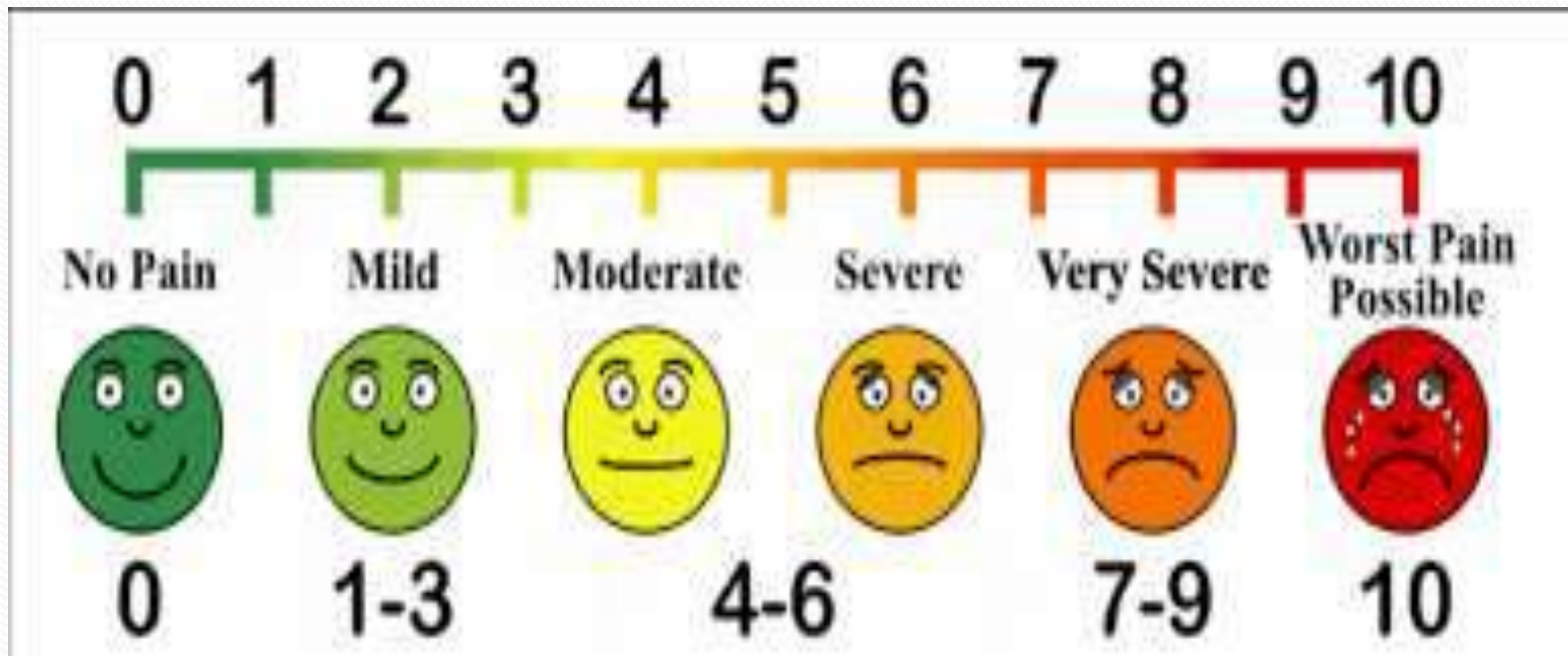
Dissatisfied , Completely satisfied, Moderately satisfied,
Satisfied a Little.

This responses gives variety of responses to express so
that they come nearer to reality.

Questionnaire

E

If possible record answer on visual analog scale.





Questionnaire

This helps to get maximum possible information.

Questionnaire

F

Adjective Scale: This can be used as an adjunctive to VAS.

We can record feelings of the patient as “Most Unpleasant”, “Unpleasant”, “Neutral”, “Pleasant”, “Most Pleasant”. By asking them to tick from appropriate boxes with these options.

Questionnaire

1. I think that I would like to use this product frequently.

Strongly Disagree					Strongly Agree
1	2	3	4	5	

2. I found the product unnecessarily complex.

1	2	3	4	5
---	---	---	---	---

3. I thought the product was easy to use.

1	2	3	4	5
---	---	---	---	---

4. I think that I would need the support of a technical person to be able to use this product.

1	2	3	4	5
---	---	---	---	---

5. I found the various functions in the product were well integrated.

1	2	3	4	5
---	---	---	---	---

6. I thought there was too much inconsistency in this product.

1	2	3	4	5
---	---	---	---	---

7. I imagine that most people would learn to use this product very quickly.

1	2	3	4	5
---	---	---	---	---

8. I found the product very awkward to use.

1	2	3	4	5
---	---	---	---	---

9. I felt very confident using the product.

1	2	3	4	5
---	---	---	---	---

10. I needed to learn a lot of things before I could get going with this product.

1	2	3	4	5
---	---	---	---	---

Questionnaire

G

Likert Scale: This is also an alternative to VAS.

Here the responses are framed on “Agree-Disagree”

The responses can be “Strongly agree”, “Agree”, “No option”, “Disagree”, and “Strongly Disagree”.

Questionnaire

Statement

Academic detailing is a useful form of education that aligns providers' prescribing behavior with evidence-based practice.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Questionnaire

H

When the responses is in categories it is better to have 5 to 6 categories. This will help in analysis of responses.

Questionnaire

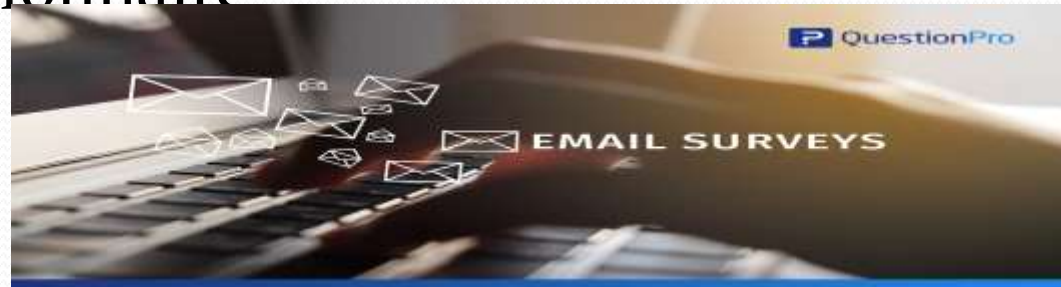
Ways of Administering a Questionnaire

1. Mailed Questionnaire –

It is cheap

It can reach large number of respondents.

The response must be literate and may be computer literate.



Questionnaire



2. Telephone Interview:

- It is easy to contact respondents and takes little time.
- Still there are some persons without landline and mobile phones.
- Respondents may be not at home or busy in meeting.

Questionnaire

3. Face –to –Face Interview:

- Commonest method.
- It prepares a standard inventory and prepares questionnaire that suits the need.
- Clarification is possible.
- Costly Method.
- Inpractical to take all the Interviews alone.



Questionnaire

- Recruitment of Interviewer increases cost.
- Need to train the interviewers.
- Possibility of Interviewer Bias.

Questionnaire

Which information to Gather?

- a) Facts like name, age, sex etc.
- b) Knowledge regarding programmes, schemes.
- c) Attitudes regarding family planning, breast feeding etc.
- d) Behaviour with regards to use of health services, alcoholism, smoking etc.

Questionnaire

e) Information about others including husband , children, neighbours etc.



Questionnaire

Consideration while preparing a Questionnaire

- a) Study objective and major research question.
- b) Hypothesis : To accept or reject a hypothesis, What data is required.
- c) What other data.
- d) Prepare dummy tables, plan analysis: not to miss information.

Questionnaire

- e) Decide the target population with reference to age, sex, religion, traditions etc.
- f) Will respondents understand & give information?

Questionnaire

QUESTIONS

- It is the heart of a Questionnaire.
- To get a correct answer one must ask right question.
- Questions can be of Various types open ended, close ended, Single, multiple response questions, ranking questions etc.



Questionnaire

Open ended question

An open-ended question is a **question that cannot be answered with a "yes" or "no" response, or with a static response.**

Questionnaire

Close Ended Questions

- Easy to use, score and code for analysis
 - Close ended questions can be structured -:
 - Multiple choice questions
 - Simple Alternative questions
- Are you Graduate – Yes /No

Open Ended Questions

- Ask about the views of the respondent related to specific issues
- Example - Views on Climate change?

Questionnaire

- What are your plans for today?
- Could you tell me what you are thinking about?
- How did you complete this task so well?
- What do you believe constitutes having a good life?
- Can you tell me how to make your favorite dinner dish?
- Why do you like the music that you do?

Questionnaire

These questions are suitable for anthropological and social enquiries.

They allow free talks . There is possibility of deviation.

Not suitable for medical research.

Analysis of responses is also difficult.

Questionnaire

Close ended Questions

- It gives options to choose from.
- The questions are focused
- Requires less time
- Analysis of responses is easy.

Questionnaire

- The close ended questions are either dichotomous (yes/no, Agree/ Disagree).
- They may be multiple choice. It is used in competitive examinations.

Questionnaire

Dont's while framing the questions.

- Leading questions.
- Double barreled questions. (Do you beat your wife after taking alcohol?)
- Ambiguous questions.
- Influencing question.
- Technical jargon

Questionnaire

- Value laden words
- Negative wording
- Hypothetical questions
- Faking good or bad
- Halo effect bias



Value-laden Word Choice

Words Expressing the Writer's Position on the Issue	
approve believe conclude encourage endorse	reassure recommend recognize spent time considering support



Hallo Effect



Questionnaire

Preventing the Biases

- Personal interview is best method to avoid biases.
- Frame questions properly so that biases can be prevented.
- Do 20% cross checking.
- Blinding should be done

Questionnaire

- Keep sensitive questions afterwards.
- Pre-Testing is vital
- Alternating questions to be avoided.
- Keep 5 to 6 categories.
- Keep dummy or check questions.

Questionnaire

Reliability of Data

A. In Built:

Repeat certain questions by rephrasing like instead of nephews one may ask children of uncle.

Keep same codes for ease.

Questionnaire

B. Repeat reliability:

Repeat full interview after a gap and compare the responses given by the respondent. Here one should use factual questions. Opinion questions should not be asked.

Questionnaire

Validity and Consistency

- Special surveys may need validity and consistency
- When we ask a mother whether her baby has received vaccination?
- Mother says- Yes
- To confirm whether actually vaccination is received or not

Questionnaire

We ask,

How many times vaccination is given?

On which site injection is given?

How many times drops are given?

We may also cross check records available with her.

We also check consistency eg.- women of 18 years cannot have child of 10 years.

Questionnaire

Layout of the questionnaire

- a) Attractive.
- b) Pleasant
- c) Artistic
- d) It is better to avoid spending more budgets on printing and use it for study.

Questionnaire

Questionnaires

Key points of a good questionnaire

How old are you?

How old are you?

under 18 years

18 - 30 years

over 30 years

Don't you agree that watching too much TV is bad for you?

yes

no

Watching too much TV is bad for you.

strongly disagree

disagree

agree

strongly agree

Questions should not be personal

Don't ask leading questions

Questionnaire

Questionnaires

Key points of a good questionnaire

How often do you watch TV?

rarely

sometimes

often

How many hours do you watch TV a day?

0

1-2

3-4

more than 4

questions are specific

answer boxes are specific

Questionnaire

Questionnaires

Key points of a good questionnaire

How many sisters do you have?

0 1-2 2-3 3-4

How many sisters do you have?

0 1-2 3-4 more than 4

answer boxes cover all possibilities

answer boxes don't overlap

Questionnaire

Questionnaires

Key points of a good questionnaire

It is said that it is important to eat regular meals. Dietitians say that breakfast is the most important meal of the day. Do you eat breakfast?

Do you eat breakfast every day

yes

no

short simple question

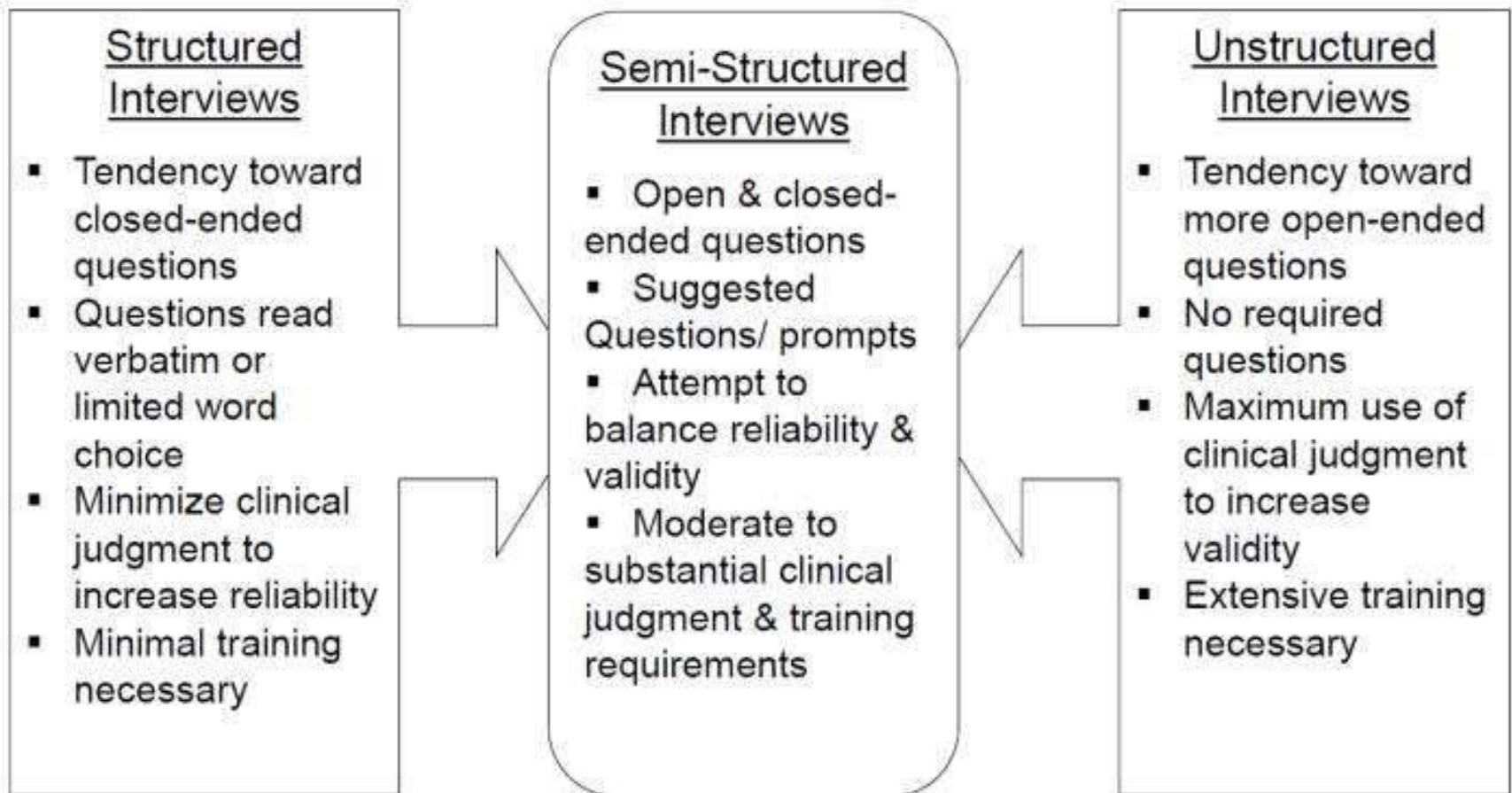
possible timeframe

tick box

Questionnaire

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Questionnaire



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