



Federaal Kenniscentrum voor de Gezondheidszorg  
Centre Fédéral d'Expertise des Soins de Santé  
Belgian Health Care Knowledge Centre

## **WEBSURVEY@KCE**

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## 1 BACKGROUND

Web surveys are used more and more in KCE reports for several possible reasons, e.g.:

- to collect data in the population or stakeholders: i.e. survey among practitioners, evaluation and perceptions on the multidisciplinary oncological consultation, elicitation of the preferences of citizens about reimbursement in health care, etc.;
- to prepare a meeting: i.e. GDG meeting;
- to reach a consensus: Delphi method i.e. proposal to prevent and treat burnout in GPs, antenatal tests, etc.

Next to research purposes, data are also regularly collected for internal use: TPF evaluation, elicitation of preference for the social event, evaluation of ILL process...

Compared to paper surveys, web surveys present a series of advantages to build complex questionnaires:

Firstly, fields can be made mandatory: this ensures that the respondent cannot skip a question (access to the next question requires the current question to be answered).

Secondly, an online survey allows to use built-in dependencies: these are questions asked conditionally upon a previous response. Concretely, depending on the response to a first question, the participant will receive a second question or a set of additional questions, or no more questions.

In a paper version of the questionnaire, these techniques cannot be applied. Therefore, the risk of unusable questionnaires is higher. Finally, web-based questionnaires are more practical for researchers, greener and budget-friendly than paper ones.

According to a survey from the Federal Public Service Economy, 84% of Belgian citizens used internet in 2013<sup>a</sup>. It is therefore expected that the majority of the population is able to participate in a web survey. Indeed, in our survey about citizens' preferences, 91% of the respondents have used the online questionnaire, and 9% the paper version.

Since several months, KCE uses LimeSurvey (<http://www.limesurvey.org/>), an open source web-based software to create online surveys. In addition to collecting data, it provides basic tools to analyse the responses but also allows to export the results to a specific software like R, SPSS, SAS or a spreadsheet software (e.g. LibreOffice or MS Excel) for advanced data analysis.

This process note aims to guide you in the building of an online survey. Examples of texts are given taken from already carried out surveys and part of the manual edited on this processbook explains the basics to create and manage an online survey.

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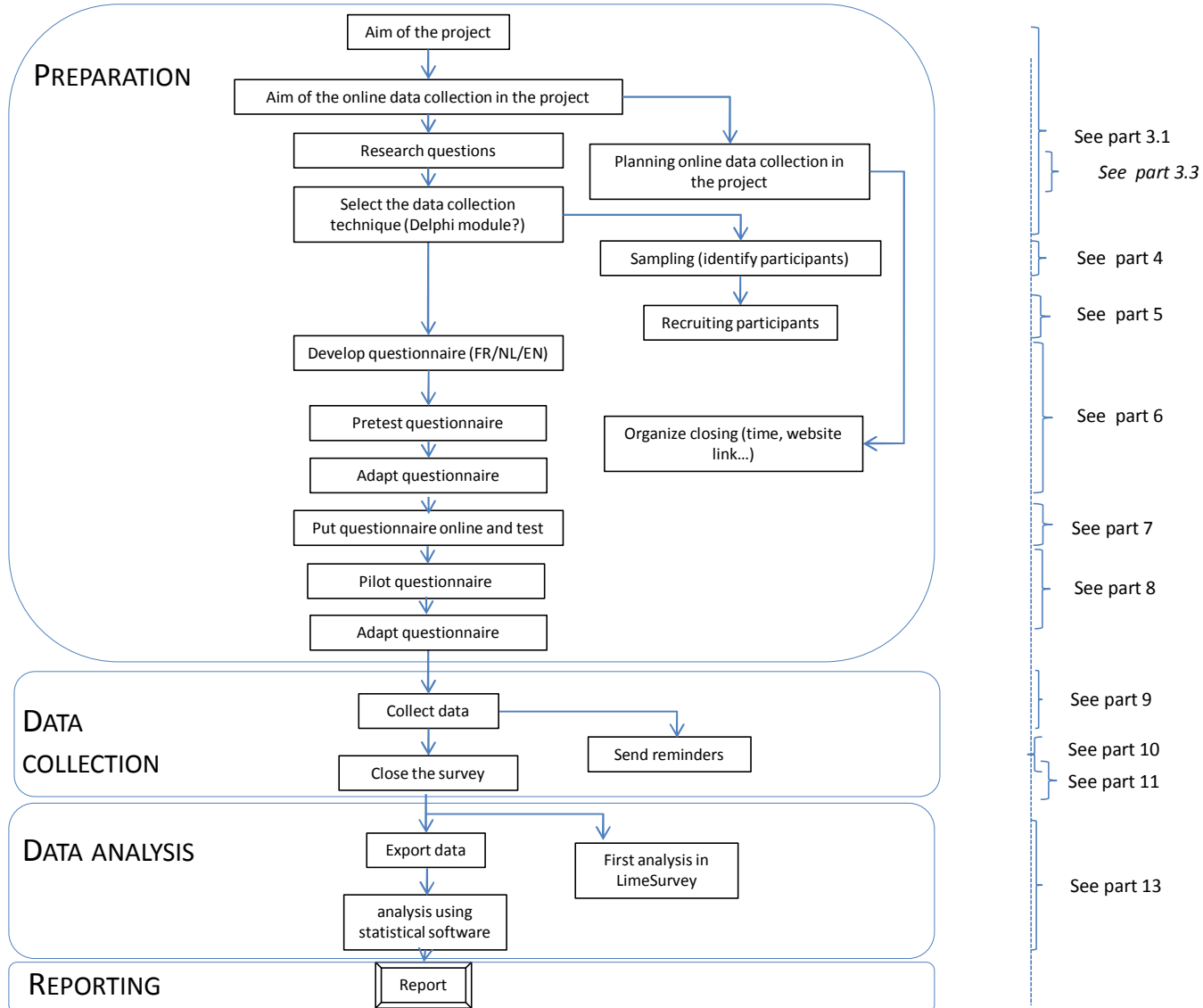
<sup>a</sup> Statistics Belgium. Bezit en gebruik van computer, internet, e-commerce, e-government, soort verbinding, ... [Web page].2014 [cited 13/06/2014]. Available from: [http://statbel.fgov.be/nl/modules/publications/statistiques/arbeidsmarkt\\_levensomstandigheden/indicatie\\_urs\\_t\\_i\\_c\\_aupres\\_des\\_menages\\_et\\_individus\\_2012.jsp](http://statbel.fgov.be/nl/modules/publications/statistiques/arbeidsmarkt_levensomstandigheden/indicatie_urs_t_i_c_aupres_des_menages_et_individus_2012.jsp)

It is not a complete methodological on how to develop surveys.

## 2 PROCESS

Figure 1 shows the trajectory from the start of the project to the reporting of results.

**Figure 1: Process for a websurvey**



## 3 HOW TO PREPARE A SURVEY

### 3.1 Aim of the survey

First of all you have to determine the aim of the survey. The planning of the data collection will depend on it. We discuss three possible aims: surveys for collecting data, Delphi surveys and surveys to prepare a meeting.

#### 3.1.1 Basic data collection

When an online survey merely aims at collecting data, results will be analysed as such. This type of data collection is typically done in 'classical' surveys in the population, but could also be done to collect preferences or satisfaction levels of collaborators.

#### Examples

- In KCE report on non-conventional medicine, osteopaths were surveyed to describe their profession: their initial and complementary trainings, the techniques they used, their users, their tariffs, etc.
- In 2014, KCE collected preferences of citizens on health care reimbursement criteria.
- In order to satisfy the largest group of KCE staff, a rapid online survey to elicit preferences for the social event is set up.

#### 3.1.2 Delphi

The Delphi method is one way to reach a certain level of consensus. Delphi surveys are done in several rounds: each round built on the results of the previous one. This kind of survey has to be carefully planned in the project timing. Indeed, while it seems to be very practical and fast, it takes several rounds interspersed by analysis, meaning that it is quite time consuming and labour intensive.

In KCE reports, consensus is searched to advice decision making. In GCPs, consensus allows to formulate the final recommendations on the clinical guideline.

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For more information on the methodology of Delphi surveys, we refer to the process note on qualitative research (KCE report 187).

In collaboration with Denis Chenu, a programme developer, we developed a special module (plugin) for LimeSurvey aiming to facilitate analysis and translation of questions from one round to another according to Delphi questionnaires requirements. To be soon available

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### **Example**

In the KCE report on the prevention and management of burnout in general practitioners, KCE organised a Delphi process. Based on the scientific literature, interviews with burned-out GPs, foreign experiences, several avenues for action were proposed in an online questionnaire to almost 60 GPs. The aim was to identify their acceptability and priority in the field. Two rounds were necessary to identify dissensus and consensus. The selected proposals were afterwards assessed by a stakeholder group and discussed in a final meeting.

In the production of clinical guidelines, Delphi could be useful to identify the adequate recommendations and to document the decision making process. Typically, scientific evidence is collected in the literature. Several proposals for recommendation emerge and could be proposed in a Delphi process to the GDG (guideline development group). Final decisions are taken in a final GDG meeting. This is an advantage for the preparation of the face-to-face meeting for 3 main reasons:

- When agreement is reached, we can skip the discussion on some recommendations
- People that cannot attend the meeting can share their opinion
- All opinion can be taken into account as the same level outside the influence of 'charisma' of the participant

### **Example**

KCE produced a guideline on the management of autism in children and adolescents. This guideline uses the ADAPTE procedure. Therefore, recommendations of a foreign guideline were submitted to the GDG to test and to adapt the recommendations to the Belgium field. The GDG discussed recommendations identified in the scientific literature and proposed a total of 148 recommendations. The GDG members indicated for each recommendation whether they agreed, disagreed or felt unable to answer. Subsequently they received feedback during the next meeting in the form of a statistical representation of the group response, after which the process was repeated. Recommendations are submitted until they reach a certain level of agreement? After three rounds if the level of agreement is not reached, the recommendation is no longer considered.

### *3.1.3 Preparation of a meeting*

Online surveys could be useful for preparing a meeting, asking for participant information or asking participants to express their opinion on certain aspects. This allows to better select what has to be discussed and what is already OK.

### **Examples**

Scoping meeting: consultation of stakeholders to prioritize clinical questions related to a certain topic that they would like to be analysed in further KCE reports

In GCP, that can be used to summarize the comments of participant. This is the starting point of discussion during the meeting

### 3.2 Foresee human resources

In order to have a full support for your web survey, you may need:

- A survey administrator who will also manage the technical questions and the KCE\_enquete mailbox (this last task could also be done by the administrative staff who transfer questions to the reseracher)
- An expert support for the online tool you will use
- Administrative support for the e-mailing of invitations, personal codes, reminders...
- A third trusted party (if the survey is anonymous) (The administrative support could be a trusted third party)
- Methodological support for the questionnaire design
- Methodological support for analysis
- A sample of respondents for the pretest that should be similar to those envisaged for the actual survey
- A group of testers (to test the navigation in the questionnaire and check spelling)
- Optionnally, a translation support (for the letters, the introductory texts and the questionnaires)

### 3.3 Planning of the data collection

The better way to plan an (online) data collection is by using a backward calculation, starting from the moment of the final expected results until the recruitment of the participants – see the Figure 1 to evaluate each step of the process.

The time between the recruitment of participants and the closing of the survey will depend (amongst others) on who are the participants (are they readily available?), how they are invited, the period of the survey (holidays, exams), the number of round (in case of a Delphi) the number of reminders...

Also, online questionnaires ask time for encoding the survey in a web browser (in one or several languages), with every verification and correction (+ technical unforeseen troubles), organising the unique log-in (if used), pre-test, pilot (see further), etc.

The time needed for the analyses will depend in turn on the level of the expected results. For example, the time between the end of the data collection and the final report will be much more extended in the case of a national survey as research topic than to prepare a meeting. In the latter case, basic rapid statistics will be sufficient. The complexity of the data treatment also influences the analyses.

## 4 SAMPLING

Without delving into details of the sampling procedure, keep in mind that the sampling of the respondents you target will depend on the type of the survey.

For a survey that mainly aims to perform statistical analyses and infer results to a larger population, you need a statistical representative sample of the population targeted. Statistical expertise is required.

In qualitative approaches, such as Delphi study or preparation of meetings (scoping), the sample is often predefined (e.g. specific stakeholders list, experts in the field) or will search to reach maximum variation (see qualitative process note).

For GDG, the question you have to resolve is whether you want answers from the entire group (effective members and substitutes) or only from one person per stakeholder group.

For a survey among KCE collaborators, the sample is the entire KCE team or a subgroup (depending on the subject of the survey).

## 5 RECRUITMENT OF THE PARTICIPANTS

Depending on the people you want to involve in the survey, recruitment may be more or less difficult.

### 5.1 The publicity of the survey

A survey could be totally public: everybody who is interest in the subject could participate. In this case, you just have to make publicity for the link to access the questionnaire. A disadvantage is that you will not be able to control who has responded, the seriousness of the respondent/responses, the number of times he/she has filled in the questionnaire, etc. This way to recruit participants is not really an option for scientific research.

If you want to control the sample and target the right people, you have to identify them first in order to invite them personally to participate in your survey.

Ideally, it is easier to send an invitation by email or directly by LimeSurvey. But you obviously need a list of email addresses.

If you have mailing adresses, you need to send the invitation letter (see also 5.3) mentioning the link to access the online survey. Otherwise, you will have to develop creative strategies to reach people. For example, you can create a website where people could register as participant. Then you will have to make the publicity of the website. This could be done in several ways:

- By an advertising in the (specialized) press.
- By distributing folders in strategic places (for example in waiting room of practitioners)
- By snowballing
- ...

Researchers often have to be creative.



In order to avoid multiple responses by a single person, you can provide to each potential participant a unique access code. This is not always necessary for small surveys (like the preparation of a meeting).

## 5.2 Ensuring anonymity and ethics

Anonymity in a survey implies that no one, including the researcher, could link responses to respondent. Ensuring anonymity is not necessarily mandatory, feasible or desirable. It depends both on the subject and the purpose of the survey.

### Examples

In a survey about health behaviours, health consumption, etc. with personal data, anonymity is required.

In a survey in a GDG group aiming at define whether recommendations have to be kept, updated or are obsolete, anonymity is not important.

To ensure anonymity of the response, you first have to develop a list of unique codes (the tokens) and send this list to a trusted third party (TTP); these tokens can be generated by LimeSurvey or manually in Excel, then uploaded into your online survey software. The TTP will allocate a code to each individual selected in the sample (randomly or not) and send the invitation. The responses will arrive directly in the database with only the respondent's code and no precise identity information. Respondents will need their token to access the survey, their anonymity is guaranteed by the fact that only the TTP knows the matching between the tokens and the target population. He can then send a reminder the non-used token.

If a questionnaire is not anonymous because you, as researcher or data collector, know who has been contacted and who has responded, you can still ensure confidentiality. This implies that the responses will not be linked to the name of the respondent or to any feature or data that could identify respondents.

Depending on the subject, the personal data that will be collected (regardless of the anonymity) and the way they will be treated, it might be necessary to ask the approval of the sectorial committee of the privacy commission or of an ethical committee. They will define the requirements for the collection and analysis of the data.

## 5.3 The invitation letter

The invitation letter is a very important document that will be decisive for the participation rate to the survey.

The letter must contain information on:

- the objective of the study
- the initiator of the study;

- the objective of the data collection in the study. This could vary depending on whether you invite someone for a pretest, a pilot or the final survey (see further) and/or what will be done with the results;
- the importance of participating;
- the respondent's unique personal access code (optional);
- anonymity issues of the survey;
- time needed (approximately)

Examples are given below. Other examples can be found in appendice.

In a separated sheet or in the text (if it is not too long), you have to add more practical information on:

- how to access the questionnaire;
- deadline for filling out; option to resume later
- how to request a paper version of the questionnaire (optional<sup>b</sup>);
- informed consent:
  - on the fact that people consented to analyse their responses but that no individually identifiable responses will be published;
  - anonymity;
  - recruitment;
- what to do in case of technical problems;
- the next steps of the project (optional).

Examples in Dutch and French are provided below.

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<sup>b</sup> In some cases, for instance in population survey, it could be useful to give the respondent the opportunity to fill out a paper questionnaire instead of online to avoid bias towards a group without internet access. You have to explain how to request a paper version in the invitation letter. If anonymity has to be guaranteed, the TTP will be the calling point for asking a paper version. The paper questionnaire has to mention the unique code of the respondent. Providing a pre-stamped envelope addressed to KCE could increase response rate. As such, also the paper responses arrive directly at KCE, with only the respondent's code and not his/her address.

### Example of invitation letter

UNIEKE CODE: XXX

Brussel, 18 februari 2014

**Betreft: Uitnodiging voor deelname aan een enquête rond gezondheidszorg**

Geachte mevrouw, Geachte heer,

Het Federaal Kenniscentrum voor de Gezondheidszorg (KCE) nodigt u uit om in een enquête uw mening te geven over de terugbetaling van nieuwe medische behandelingen.

De gezondheidszorg belangt ons allen aan. Als u ziek bent worden uw uitgaven gedeeltelijk of volledig terugbetaald door uw ziekenfonds. Het geld waarmee de ziekenfondsen deze uitgaven terugbetalen, komt uit belastingen en bijdragen die u zelf betaalt. U wilt wellicht dat dit geld dan ook goed wordt besteed.

Waarop zou u zich baseren om te beslissen om een nieuwe behandeling terug te betalen? Dankzij de enquête kunnen de mensen die beslissen over de terugbetaling rekening houden met uw mening. Het is de eerste keer dat hierover een enquête gebeurt in België.

Uw antwoorden zijn anoniem. De enquête duurt 15 tot 20 minuten. U vindt meer praktische informatie op de volgende bladzijde.

De resultaten van de enquête zullen in groep worden besproken in een ‘burgerlabo’, georganiseerd door de Koning Boudewijnstichting. U kan op het einde van de enquête aangeven of u hieraan wenst deel te nemen.

Alvast bedankt voor uw deelname.

UNIQUE CODE: XXX

Bruxelles, le 18 février 2014

**Concerne : Invitation à participer à une enquête sur les soins médicaux**

Madame, Monsieur,

Le Centre fédéral d’expertise des soins de santé (KCE) vous invite à donner votre avis sur le remboursement des nouveaux traitements médicaux.

Les soins médicaux nous concernent tous. Quand vous êtes malade, vos dépenses sont partiellement remboursées par votre mutualité. L’argent des mutualités provient surtout des impôts et des taxes que vous payez. Vous souhaitez sûrement que cet argent soit bien utilisé.

Si vous pouviez décider ce qui doit être remboursé, sur quoi vous baseriez-vous ? Grâce à cette enquête, les décideurs pourront tenir compte de votre avis. C’est la première fois qu’une enquête sur ce sujet est réalisée en Belgique.

Vos réponses sont anonymes. Cela vous prendra entre 15 et 20 minutes. Vous trouverez les informations pratiques à la page suivante.

Les résultats de l’enquête seront discutés en groupe dans un ‘labo citoyen’ organisé par la Fondation Roi Baudouin. Si cela vous intéresse, vous pouvez vous y inscrire à la fin de l’enquête.

Merci d’avance pour votre participation.

## Example of information sheet

**Praktische info over de enquête**

**Hoe lang duurt het om de enquête in te vullen?**  
Het duurt 15 tot 20 minuten om deze enquête in te vullen.

**Is deze enquête anoniem?**  
Ja! Uw naam wordt niet bewaard en uw antwoorden blijven volledig anoniem.

**Waarom werd ik gecontacteerd?**  
U werd geselecteerd via een willekeurige trekking uit het bevolkingsregister. Er werden in totaal 20 000 mensen geselecteerd om deel te nemen aan de enquête.

**Hoe kan ik deelnemen?**  
Door de vragenlijst in te vullen op deze website: Error! Hyperlink reference not valid.

UW PERSOONLIJKE CODE is: XXX

Indien u liever op papier antwoordt, kan u een vragenlijst op papier aanvragen via een eenvoudig telefoontje op nummer 02/518 21 24. De vragenlijst wordt u dan per post opgestuurd, samen met een vooraf gefrankeerde omslag, om uw antwoorden terug te sturen.

Gelieve binnen de twee weken, dit is vóór 7/03/2014, te antwoorden.

**Wat als ik niet wens deel te nemen?**  
Als u jammer genoeg niet wenst deel te nemen, zal u hiervan geen gevolgen ondervinden.

Indien u geen herinneringen wenst te ontvangen, kan u ons dat laten weten via de website van de enquête [www.kcenet.be/survey/](http://www.kcenet.be/survey/)

**Wat gebeurt er met mijn antwoorden?**  
Alle antwoorden komen anoniem toe op het Federaal Kenniscentrum voor de Gezondheidszorg (KCE) en worden daar statistisch geanalyseerd. De resultaten zullen gepubliceerd worden in een KCE rapport in november 2014. Dit zal gratis beschikbaar zijn op de website van het KCE ([www.kce.fgov.be](http://www.kce.fgov.be)). Het rapport zal geen enkele informatie bevatten over de identiteit van de deelnemers, noch over hun individuele antwoorden. De link tussen uw code en uw identiteit is alleen gekend bij het Rijksregister. Het Rijksregister zal op geen enkel moment de identiteit van de persoon met een bepaalde code aan de onderzoekers van het KCE doorgeven. Door aan de enquête deel te nemen, geeft u aan dat u akkoord gaat met het gebruik van uw antwoorden zoals hierboven beschreven.

**Informations pratiques sur l'enquête**

**Combien de temps cela prend-il pour répondre à l'enquête?**  
Remplir le questionnaire devrait vous prendre 15 à 20 minutes maximum.

**Cette enquête est-elle anonyme ?**  
Vous ne devrez à aucun moment donner votre nom. Vos réponses resteront anonymes.

**Pourquoi avez-vous été contacté ?**  
Vous avez été tiré au sort à partir du Registre national. Au total, 20 000 personnes auront été sélectionnées pour participer à l'enquête.

**Comment puis-je participer à l'enquête ?**  
En remplissant le questionnaire accessible sur le site web <http://www.kcenet.be/survey/>

VOTRE CODE PERSONNEL: XXX

Si vous préférez répondre via un questionnaire imprimé sur papier, vous pouvez demander une version imprimée simplement en téléphonant au Registre national au numéro 02/518 23 08. Le questionnaire vous sera alors envoyé par la poste dans les plus brefs délais avec une enveloppe préimprimée pour renvoyer vos réponses.

Veillez répondre au questionnaire dans les 2 semaines, soit avant le 7/03/2014.

**Que se passe-t-il si je ne souhaite pas participer ?**  
Si malheureusement vous ne souhaitez pas participer, il n'y aura aucune conséquence pour vous. Pour éviter des rappels inutiles, nous vous invitons à nous le signaler sur le site web de l'enquête <http://www.kcenet.be/survey/>

**Que va-t-il se passer avec mes réponses ?**  
Toutes les réponses seront transférées de manière anonyme au Centre fédéral d'expertise des soins de santé (KCE) et feront l'objet d'analyses statistiques. Les résultats finaux seront publiés dans un rapport KCE en novembre 2014. Ce rapport sera accessible gratuitement sur le site web du KCE [www.kce.fgov.be](http://www.kce.fgov.be) Le rapport ne comportera aucune information sur l'identité des participants ni sur leurs réponses individuelles. Le lien entre votre code et votre identité n'est connu que du Registre national. Le Registre national ne transmettra à aucun moment aux chercheurs du KCE l'identité des personnes ayant répondu avec leur code. En participant à l'enquête, vous marquez votre consentement pour l'utilisation de vos réponses aux fins décrites ci-dessus.

**Waarom deze enquête?**

Het doel van deze enquête is om de mening van de burgers te kennen – en dus ook uw mening – over de criteria die van toepassing zijn bij terugbetalingsbeslissingen. De resultaten van de enquête zullen meegedeeld worden aan de beleidsmensen, waaronder de minister van volksgezondheid.

**Wat doet het Federaal Kenniscentrum voor de Gezondheidszorg (KCE)?**

Het Federaal Kenniscentrum voor de Gezondheidszorg (KCE) is een onafhankelijke federale onderzoeksinstituut. Het voert studies uit en maakt rapporten voor de beleidsmensen, om hun advies te geven bij hun beslissingen over gezondheidszorg en ziekteverzekering. U vindt meer informatie op de website van het KCE: [www.kce.fgov.be](http://www.kce.fgov.be)

**Later ook deelnemen aan het Burgerlabo?**

Op het einde van de enquête zal u gevraagd worden of u geïnteresseerd bent om deel te nemen aan een burgerlabo. Dit is een discussiegroep van een 30-tal personen, waarin verder zal nagedacht worden over de terugbetaling van concrete medische behandelingen. De Koning Boudewijnstichting zal deze groep kiezen uit de mensen die hebben deelgenomen aan deze enquête en die zich kandidaat hebben gesteld voor het burgerlabo. Als u meer wil weten over de Koning Boudewijnstichting: [www.kbs-frb.be](http://www.kbs-frb.be)

**Technische vragen**

Indien u vragen of problemen hebt van technische aard bij het invullen van de web-enquête, gelieve een e-mail te sturen naar [enquete@kce.fgov.be](mailto:enquete@kce.fgov.be).

**Pourquoi cette enquête?**

Le but de cette enquête est de connaître l'avis des citoyens – et donc le vôtre – quant aux critères qui permettent de choisir quels traitements rembourser. Les résultats de cette enquête seront communiqués aux décideurs, dont le Ministre de la santé.

**Que fait le Centre Fédéral d'Expertise des Soins de Santé (KCE)?**

Le Centre Fédéral d'Expertise des Soins de Santé (KCE) est un organisme scientifique fédéral indépendant. Il mène des études et produit des rapports à destination des décideurs, afin de les conseiller dans leur prise de décision en matière de soins de santé et d'assurance maladie. Vous trouverez plus d'information sur le site Web du KCE : [www.kce.fgov.be](http://www.kce.fgov.be)

**Participer aussi ensuite au Labo citoyen ?**

À la fin du questionnaire, il vous sera demandé si vous envisageriez de participer à un labo citoyen. Il s'agit d'un groupe de discussion réunissant une trentaine de personnes, au cours duquel le remboursement de traitements concrets sera examiné. La Fondation Roi Baudouin sélectionnera ce groupe parmi les personnes qui auront participé à l'enquête et qui se seront portées candidates. Ce groupe discutera plus en profondeur des conditions pour les décisions de remboursement.

Si vous voulez en savoir plus sur la Fondation Roi Baudouin : <http://www.kbs-frb.be/>

**Questions techniques**

Si vous avez des questions ou des problèmes techniques pour remplir le questionnaire en ligne, vous pouvez envoyer un mail à [enquete@kce.fgov.be](mailto:enquete@kce.fgov.be).

## 5.4 Incentives

It can be sometimes useful to provide an incentive to participate in the survey. These are more to be considered as a 'thank you' sign than as a real incentive.

The question of the incentive (type and value) has to be discussed early in the process: it generates supplementary budget and poses some organisational issues (how will people receive their 'gift') as it may be linked to the survey (e.g. by adding a link to another website; e.g. in the case of an anonymous survey- website where people could communicate their contact information).

## 6 QUESTIONNAIRE BUILDING

A questionnaire could be proposed in several languages. While French and Dutch are friendlier for the (Belgian) participant, English avoids translation problems and is easier to integrate in the final English scientific report. This issue has to be discussed early in the planning of the survey.

It is preferable to begin with a paper version of the questionnaire and to put it online only for the last 'technical test', before the pilot testing (see further).

Begin with a word document allows:

- Several rounds of revision on paper before a first version is ready
- To easily translate the questionnaire (using for example several columns / one per language)
- To archive the questionnaire / add it to appendices of the final report
- To work in the text after discussion for example

The questionnaire is generally composed of several parts:

- An introductory presentation text;
- Structure: sections, conditions and filters;
- Questions;
- Closing and thank you text.

### 6.1 Introduction text

The introduction text presents for instance, depending also on the information already available in the invitation letter:

- the topic of the survey
- how to complete the survey
- how long it will take to complete the survey
- how to navigate between the questions
- Whether the participant has to fill it out all at once or whether it is possible to save the answers and come back to it later.

**Example of an introduction text for a population survey**

“Welkom bij deze enquête over de terugbetaling van medische behandelingen.

5 Via deze enquête willen wij uw mening vragen over wat u belangrijk vindt voor de terugbetaling van nieuwe medische behandelingen.

Wat u nog moet weten:

De enquête duurt 15 tot 20 minuten.

10 Uw deelname is vrijwillig en uw antwoorden blijven anoniem.

U kunt zelf beslissen welke vragen u niet wenst te beantwoorden, maar het is belangrijk dat we uw mening kennen over zoveel mogelijk vragen. Alleen zo kunnen we ons een betrouwbaar beeld vormen.

15 Bij sommige woorden staat er een cijfertje, bijvoorbeeld “behandeling”. Deze woorden worden onderaan de pagina uitgelegd.

20 Er zijn geen juiste of foute antwoorden. We vragen naar uw persoonlijke mening. Als u onzeker bent over uw keuze, geef dan het antwoord dat u het beste lijkt.”

45

25

« Bienvenue dans cette enquête sur le remboursement des soins de santé.

30 Par cette enquête, nous souhaitons connaître votre opinion sur ce qu'il faut prendre en compte pour décider de rembourser un nouveau traitement.

En pratique :

Remplir ce questionnaire vous prendra 15 à 20 minutes.

Votre participation est volontaire et vos réponses seront traitées de manière anonyme.

35 Vous pouvez décider à quelles questions vous souhaitez répondre ou pas mais il est important que vous répondiez à un maximum de questions pour que nous puissions avoir les résultats les plus fiables possibles.

40 A côté de certains mots apparaîtra un petit numéro, par exemple, « traitement». Ces mots sont expliqués en bas de la page.

Il n'y a pas de bonne ni de mauvaise réponse. Si vous n'êtes pas certain(e) de votre choix, donnez la réponse qui vous semble la plus proche de votre opinion.”

**Example of an introduction text for the preparation of a GDG meeting**

Geachte Professor, dokter  
Mevrouw, mijnheer,  
50 Beste leden van de GDG,

Zoals vermeld tijdens de vorige vergaderingen zal er aan het GDG gevraagd worden om de aanbevelingen van richtlijn KCE 2004 actualiseren .

55 Voor een vlot gang van zaken tijdens de vergadering vragen wij u om deze aanbevelingen vooraf te evalueren via deze enquête.

De enquête vergelijkt de originele aanbevelingen van 2004 met de geüpdatete versie in de Australische richtlijn uit 2014.

60 Wij kozen voor deze richtlijn omdat deze het best beantwoord aan onze kwaliteitscriteria en omdat deze zeer recent is. De argumenten voor het al dan niet behouden van de aanbeveling 2004 staan eveneens in de enquête.

65 Wij krijgen graag uw mening over elk voorstel. De resultaten van de enquête zullen bediscussieerd worden tijdens de volgende GDG vergadering (op 16/06 van 18u tot 20u)

70 Deze werkmethode zal er voor zorgen dat de leden van de GDG die niet op alle vergaderingen aanwezig kunnen zijn toch betrokken worden. Tegelijkertijd maakt ze ook het beslissingsproces transparanter.

75 Wij danken u alvast van harte dat u een twintigtal minuten van uw tijd wil vrijmaken om deze enquête in te vullen. Mogen wij u vragen ons uw antwoorden te bezorgen tegen ten laatste 11 juni.

Namens het onderzoeksteam

80

Chèr(e) Professeur, Chèr(e) Docteur,  
Madame, Monsieur,  
80 Chers membres du GDG,

85 Comme annoncé aux réunions précédentes, la révision des recommandations du guideline KCE 2004 est une tâche dévolue au GDG.

90 Afin de formaliser ce processus et de rendre la discussion efficiente en réunion, nous vous demandons de bien vouloir pré-évaluer ces recommandations au moyen de cette enquête en ligne.

Cette enquête compare la recommandation originale de 2004 avec la recommandation actualisée dans le guideline australien de 2014.

95 Ce guideline a été sélectionné car il répond à nos critères de qualité et est très récent. Les arguments pour maintenir (ou non) la recommandation 2004 sont présentés dans l'enquête.

Nous vous demandons votre avis pour chaque proposition.

100 Les résultats obtenus par cette enquête seront discutés lors de la prochaine réunion de GDG (16 juin, de 18h à 20h). Cette manière de procéder permet d'associer les membres du GDG qui ne peuvent être présents à toutes les réunions et améliorera la transparence du processus de décision.

105 Nous vous remercions par avance de consacrer une vingtaine de minutes pour répondre à cette enquête et de nous renvoyer vos réponses pour le 11 juin au plus tard.

110 L'équipe de recherche,

**Example of an introduction text for a survey in a delimited group**

5 Deze internetenquête heeft tot doel informatie te verzamelen over uw ervaring met het multidisciplinair oncologisch consult (MOC). Ze wordt verzonden naar alle oncologische centra in België.

10 Het KCE voert momenteel een studie uit die de huidige organisatie en het functioneren van de MOC vergaderingen wil in kaart brengen om zo aanbevelingen tot formuleren met betrekking tot mogelijk te verbeteren punten.

15 U hebt deze vragenlijst ontvangen via de coördinator van het zorgprogramma oncologie van uw ziekenhuis. Als u in verschillende ziekenhuizen werkt, gelieve dan de enquête in te vullen met in het achterhoofd het ziekenhuis waarin u deze e-mail ontving. Wij verwijzen in deze enquête naar dat ziekenhuis als "uw" ziekenhuis. Als uw ziekenhuis meerdere sites heeft, dan vragen wij u

20 de vragenlijst in te vullen voor die site waarvoor u deze e-mail ontving.

25 Het invullen van deze vragenlijst neemt ongeveer 15 minuten in beslag. U kan deze vragenlijst onderbreken en er later aan verder werken. Gelieve deze enquête alleen in te vullen; het is zeker niet de bedoeling dat het teamwerk wordt.

30 De gegevens van deze enquête worden op een anonieme wijze verwerkt in een rapport dat eind 2014 zal worden gepubliceerd op de website van het KCE.

Aan het einde van de vragenlijst kunt u, als u dat wenst, ook commentaren of opmerkingen voor het onderzoeksteam formuleren.

30 Gelieve de vragenlijst in te vullen vóór zondag 15 juni.

35

Cette enquête a pour objectif de collecter des informations sur votre expérience avec la consultation oncologique multidisciplinaire (COM). Elle a été envoyée à tous les centres oncologiques en Belgique.

40

En effet, le KCE mène actuellement une étude permettant d'éclairer la mise en œuvre et le fonctionnement de ces réunions multidisciplinaires, et ce, dans le but de formuler des recommandations visant d'éventuels points d'amélioration.

45

Vous avez reçu le présent questionnaire via le coordinateur du programme de soins oncologiques de votre hôpital. Si vous travaillez dans plusieurs hôpitaux, veuillez compléter l'étude en tenant compte de l'hôpital dans lequel vous avez reçu ce courriel. Dans le cadre de cette enquête, nous nous référons à cet hôpital comme à « votre » hôpital. Si votre hôpital est multisites, nous vous invitons à répondre au questionnaire pour le site spécifique où vous avez reçu ce courriel.

50

Compléter le présent questionnaire ne vous demandera que 15 minutes. Vous pouvez l'interrompre et y revenir à un autre moment. Veuillez compléter cette enquête seul(e), ce ne doit pas être un travail collectif.

55

Les résultats seront présentés de manière anonyme dans un rapport qui sera publié fin 2014 sur le site web du KCE.

60

À la fin du questionnaire, si vous le désirez, vous aurez aussi la possibilité de formuler des commentaires ou remarques complémentaires que vous aimeriez transmettre à l'équipe de recherche.

65

Merci de bien vouloir compléter le questionnaire avant le Dimanche 15 Juin.

## 6.2 Structure

### 6.2.1 Sections

70 It is useful to organise your questionnaire in sections, i.e. sets of questions regrouped by themes. Give to each section a specific title and number them. It will be then easier to identify questions that need adaptations, or to add or delete some questions after the pre-test and pilot phase. The title could also be made visible in the online questionnaire, facilitating the navigation and the comprehension of the questionnaire for the respondents.

75



**Example of the structure of the questionnaire on Multidisciplinary Oncologic Consultation / Concertation oncologique Multidisciplinaire (COM)**

- 5 • Qui êtes-vous ?
- Votre hôpital
- Vous et les COM
- Votre dernière COM
- Les patients discutés à la dernière COM
- Utilisation de guidelines dans la dernière COM
- 10 • Ressources techniques utilisées lors de la dernière COM
- Perceptions des COM
- Avantages et barrières
- Aspects administratifs (uniquement pour les médecins-coordonateurs de MOC et coordinateurs de soins)
- L'implication des médecins généraliste
- 15 • L'information au patient
- Commentaires

Building the questionnaire in sections also makes the building of **filters and conditions** for the online implementation easier.

### 6.2.2 Filter and conditions

- 20 It could be useful to propose only certain (sets of) questions to some participants, depending on their profile or the answer given to certain questions. These are built-in dependencies, i.e. questions asked conditional upon a previous response. These dependencies have to be foreseen in the building of the questionnaire. Filters and conditions allow to jump to another question or to specific sections of the questionnaire.

- 25 When asked to make a choice between two scenarios, we asked people to indicate how certain they were of their choice. Only respondents who answered 'very uncertain' or 'uncertain', were asked to state why they were uncertain. The 'reason for uncertainty'-question is an example of a built-in dependency.

## 6.3 Questions

The questions contain:

- 30
- Items (or variables);
  - Answers and the way to respond (choice between: only one answer, multiple choice, numbers, free text);
  - Help/explanations (optional).

### 6.3.1 Items and answers:

- 35 For each question decide:
- What type of answer is expected?
    - Closed-ended questions: respondents have to choose between options you have already created

- Only one answer: The item will result in one variable with several codes corresponding to the chosen option
- Multiple answers allowed: The questions will be translated in as many variables as possibilities with a code 'Yes' if the proposal was ticked.
- Ranking: Each proposal will be translated in a variable with its place in the ranking. This kind of question is very difficult to interpret after analysis. Indeed, you will have one table for each combination of classifications. You will probably only use some of them.

5

10

Moreover, a ranking does not reflect the real preferences. For example, if I do not agree with something, and I must give a preference's order, I will classify it low in the list, while I would like not to vote for it.

15

If you would like to know which proposal will be preferred, you better first ask to choose in a list of proposals the ones that suit for the respondent (with a multiple choice) and then ask to order according to the level of priority/preference/etc. In conclusion, avoid such response options where possible and try to limit as much as possible the number of items to be ranked.

20

NB: *Response option 'Other'*: always consider the fact that respondents have to feel comfortable with the questionnaire and the response options. The option 'other' allows respondents to give a more suitable answer. It also allows to avoid a too long list of response options and get back information that could have been included in the response options list. But keep in mind that you will probably need to reclassify the answer (which is time-consuming)

25

*Response option 'I do not know'*: in the same idea, it allows respondents to have an escape route if none of the response options suits his/her opinion and consequently avoids answers people do not perfectly agree with. The 'I do not know' response option thus increases the reliability of the questionnaire.

- Open-ended questions: Respondents can give a narrative answer.

30

- Is the question mandatory? If it is, the software imposes that an answer has to be given before continuing to fill out the questionnaire. In this case, always foresee an 'other' or 'other, specify' and a 'I do not know' response category, or suggest a code to use in case of open-ended questions, in order to avoid that respondents are blocked in the questionnaire and/or answer something they do not perfectly agree with.

35

For analysis purposes, give a code to each item, according to the section it belongs to. The code should be short and unique.

Each answer also has to receive a label. Try to use the same label for the same answers throughout the questionnaire (e.g. 1 for 'yes' and 2 for 'no').

## Examples of questions

### Single choice questions

What is the general designation of your hospital?

- 5
- General hospital
  - General hospital with university beds
  - University hospital
  - Other (please specify)
  - I don't know

### Multiple choice questions

10 How is the GP informed of the result of the decisions taken during the MOC (check all that apply)?

- 15
- By a phone call
  - By sending a letter
  - By sending an e-mail
  - Other (please specify)
  - I don't know

### Ranking

20 What are, according to your experience, the benefits of the MOCs? Please, rank them in order of importance, starting with the most important (5 maximum)

- 25
- 30
- It has a positive impact of training
  - The decision making is shared
  - A better diagnostic and staging process
  - It improves the coordination between the healthcare providers
  - It improves the quality of care received by patients
  - A better adherence to guidelines
  - "Social" supervision
  - Avoidance of over-treatment
  - Avoidance of under-treatment
  - Improved social contacts between hospital members
  - Other (please specify)

### 6.3.2 Help / explanations

35 You can add text explaining a question (objective, content, definitions of some words, examples), or specific concepts used in the question or providing information on the way to respond.

## Example of the preparation of questionnaires with all the elements needed before putting the questionnaire in a web form

Imagine a simple questionnaire on the cancer screening behaviour of adults in the general population.

### 5 Section 1: Socio demographic information

Code	Mandatory	Question	Answers	Jump	Help text
S1Q1	yes	Your gender	1= male 2=female	If male, after section 1 go to section 2 If female go directly to section 3	
S1Q2	yes	You age	1= <30 year old 2=30-39 year old 3=40-49 year old 4=50-59 year old 5= 60-69 year old 6=>= 70		

### Section 2: Prostate Cancer Screening (only for male)

Code	Mandatory	Question	Answers	Jump	Help text
S2Q1	yes	Have you ever been screened for prostate cancer	1=yes 2=no 3= I don't know	If yes, go to S2Q2 If no go to section 4	
S2Q2	yes	The last time you have your prostate screened, have you have a digital rectal examination?	1=yes 2=no 3= I don't know		
S2Q3	yes	The last time you have your prostate screened, Was you PSA been checked?	1=yes 2=no 3= I don't know	If yes, go to S2Q4 If no go to section 4	PSA: Prostate-Specific Antigen - PSA is measured in a blood sample
S2Q4	yes	When have you checked your PSA last time	___ months ago Don't know		
S2Q5	yes	Do you have a prostate's biopsy?	1=yes 2=no 3= I don't know		A biopsy is ...

### Section 3: Breast Cancer Screening (only for women)

Code	Mandatory	Question	Answers	Jump	Help text
S3Q1	yes	Have you ever been screened for breast cancer	1=yes 2=no 3= I don't know	If yes, go to S3Q2 If no go to section 4	
S3Q2	yes	The last time you have your breast screened, have you have a mammography?	1=yes 2=no 3= I don't know		A mammography is a Radiography of the breast
S3Q3	yes	The last time you have your breast screened, Have you have an echography?	1=yes, it was foreseen at start (both appointment for mammo and echo together?) 2=yes, because something was unclear at the	If yes (1 or 2), go to S3Q4 If no go to section 4	An echography is ...

			mammography	
			3= no	
			4= I don't know	
S3Q4	yes	Do you have a breast's biopsy ?	1=yes 2=no 3= I don't know	A biopsy is ...

#### Section 4: Colorectal cancer screening (for all)

Code	Mandatory	Question	Answers	Jump	Help text
S4Q1	yes	Have you ever been screened for colorectal cancer	1=yes 2=no 3= I don't know	If yes, go to S4Q2  If no, questionnaire done	
S4Q2	yes	The last time you have been screened for colorectal cancer, have you received a Hemocult© test from your GP?	1=yes 2=no 3= I don't know		The Hemocult© test detect blood in the feces
S4Q3	yes	The last time you have been screened for colorectal cancer, have you have a coloscopy?	1=yes, because of the results of the hemocult 2=  Yes, my doctor prescribe me a coloscopy as single screening tool  3= no 4= I don't know	If yes, go to S3Q4  If no go to section 4	An echography is ...
S4Q4	yes	Do you have a colorectum's biopsy ?	1=yes 2=no 3= I don't know		A biopsy is ...

## 6.4 Closing text and link to go further

- 5 At the end of the questionnaire, foresee a closing text thanking the respondent for his/her participation and giving all the information people need to know, i.e. the publication date of the report, etc.

If there are next steps after the survey, you can provide a new link. This is useful, for instance, if respondents can participate in a qualitative study via another website after having completed

- 10 a quantitative survey, or if they can subscribe to a mailing list to receive results of the study or information on the publication of the report.

### Example of closing text

15 **MERCI POUR VOTRE PARTICIPATION!** Les résultats de l'enquête seront publiés après une analyse statistique, en novembre, sur le site web du KCE (<http://www.kce.fgov.be/fr>).  
20 La Fondation Roi Baudouin organise un LaboCitoyen sur le remboursement des interventions dans le secteur des soins de santé.  
Pour y participer ou obtenir plus d'informations, veuillez cliquer sur le lien ci-dessous.

25 **DANK VOOR UW DEELNAME.** In november worden de resultaten van de enquête, na statistische analyse, gepubliceerd op de website van het KCE (<http://www.kce.fgov.be/nl>).  
De Koning Boudewijnstichting organiseert een BurgerLabo over de terugbetaling van behandelingen in de gezondheidszorg.  
30 Wenst u hieraan deel te nemen of wenst u meer informatie, klik op de volgende link.

If an incentive to participate in the survey was proposed, respondents can give further information to receive it (in a separate website if anonymity of the survey was guaranteed)

More simply, the address of the KCE Website could be provided.

The website and the link has to be active before the survey is activated.

## 5 6.5 Translation

Now you have a pre-final version, it is time to translate the questionnaire and every communication tool associated to it in the languages you have chosen for carrying out the survey. Alternatively, the survey could be developed by a native French and a native Dutch speaking person (and a native English speaking person), side by side. This is the better approach, as it provides stronger guarantees that the meaning of the words is the same in both language versions. Whenever there is doubt, discussions can take place on the spot.

## 6.6 Pre-test

The objective of the pre-test is to verify in a small sample of people the comprehension of the questions and the instructions to complete the questionnaire.

15 Depending on the population targeted by the survey, participants in the pre-test have to correspond to a target mix (e.g. of socio-educational / socio-economic profiles). The pre-test sample should correspond more or less with the targeted sample in terms of respondent characteristics. To avoid bias, participants in the pre-test cannot participate to the final survey.

20 Ideally, members of the research team carry face to face interviews with the pre-tester. During the interview, the questionnaire is read aloud by the respondent, question by question. The researcher asks systematically for feelings, comprehension, difficulties to understand, how he/she thinks he/she has to respond (instructions to fill in the questionnaire) and for the understanding and clarity of the explanations/help given in the questionnaire.

A pre-test has to be done in every language version of the questionnaire.

25 The pre-test usually leads to several modifications in the framing of the questions. They have to be discussed together for every version in order to avoid modifications that compromise comparability between the versions.

## 7 PUT THE QUESTIONNAIRE ONLINE

30 The last version of the questionnaire could now be transferred into a web environment, i.e. in LimeSurvey (see manual).

Here are the steps to get a survey running:

- Log into the web tool (e.g.LimeSurvey)
- Create a survey
- Add groups of questions
- 35 - Add questions in the groups
- Set conditions
- Customize your questionnaire
- Add translations

- Test your survey
    - o Yourself
    - o Then with a test group
  - Update your survey according to collected feedback
- 5
- Activate your survey
  - Invite respondents to participate

## 8 PILOT ONLINE SURVEY

A **pilot test** aims to obtain feedback on the feasibility, readability and comprehension of the questionnaire. People who participated in the pilot survey are asked, at the end of the survey, to comment on

10

- (1) the formulation of the questions (clarity, comprehension),
  - (2) the definitions of difficult words or words with a specific meaning
  - (3) the layout and form of the survey (font size, colours of text and background, readability).
- There is also space for free comments.

15 The objective of the pilot survey is *not* to analyse answers.

Depending on the comments received, questionnaire could need last adaptations.

## 9 TEST-RETEST (OPTIONAL)

A **test-retest** reliability check could sometimes be useful in order to assess the stability of the answers and hence the reliability of the questionnaire.

## 20 10 LAUNCH THE FINAL SURVEY

Once the survey is activated, respondents need to be invited. You can send them an email with the surveys' URL

All electronic email should be sent with and addressed to the kce\_enquete mailbox ([kce\\_enquete@kce.fgov.be](mailto:kce_enquete@kce.fgov.be)), so that it is centralised and can be managed by more than one person. To get access to this mailbox, please ask [kce\\_ict@kce.fgov.be](mailto:kce_ict@kce.fgov.be) and please read the documentation ([OutLook 2013 - Shortcut to generic mailbox.pdf](#)). This email address should also be given to participants as contact point.

25

## 11 SEND REMINDERS

Reminders have to be sent to non-responders. It is useful to provide enough time before the first reminder but not too much: each one or two weeks after the previous mailing as recommended in several methodological reference documents. The planning and the number of reminders depends also on the timing of the project. Timings are shorter in case of GCP.

30

Three reminders has shown to be efficient for population survey. Three reminders is recommended to obtain optimal response rate<sup>c</sup>

If the survey is anonymous, KCE has to provide the trusted third party the unique code (token) he already received. The management of the reminders has then to be done by the trusted  
5 third party.

## **12 CLOSE THE SURVEY**

Once the deadline to answer the survey is reached, close the survey.

## **13 INSERT DATA MANUALLY**

If you have some responses on paper you have to enter them in your survey.

## **10 14 ANALYSIS AND REPORTING**

Ask to your expert in data analysis.

LimeSurvey propose quick basic analyses.

For the final reporting, do not forget to put all the material (letters and final questionnaires in all languages) in appendices to the report.

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<sup>c</sup> Billiet J, Carton A. Dataverzameling: gestandaardiseerde interviews en zelf-in-te-vullen vragenlijsten. In: H. BJW, editor. Een samenleving onderzocht: methoden van sociaal-wetenschappelijk onderzoek. Antwerpen: De Boeck; 2003. p. 285-314.