Background
In the practice of survey methodology, it is always difficult to
find out exactly how respondents deal with a mail survey. With
in-person or phone interviews, it is possible to debrief
interviewers in order to understand some of the problems with
the survey. In mail studies, however, often the only information we
gather is from idiosyncratic comments written by respondents.
One way to gain more insight on how respondents complete mail
surveys is to debrief respondents and ask them questions about
their experience with the survey. Debriefing respondents to a mail
survey allows us to obtain first-hand information about how
respondents deal with a survey under real-world conditions. This
paper will discuss the use of a respondent debriefing in a multi-
mode (mail and phone) survey.

Method
The respondent debriefing took place in the context of a survey of
cancer patients with a data collection protocol involving a mail
survey, followed by an effort to interview non-responders by
phone. Respondent debriefings were conducted during the pre-test
of the survey project. The pre-test sample consisted of colorectal
and breast cancer patients sampled from hospitals in California
and Texas. Debriefing respondents were chosen from pre-test
early-responders (respondents who returned the survey
approximately 2 to 4 weeks after the first mailing). Early-
responders were chosen in order to obtain quick feedback about
our questionnaire, and to minimize problems with recall.

Our interviewer was given names and phone numbers of
20 respondents who had been among the first to return their
surveys (11 breast cancer and 9 colorectal cancer patients). The
interviewer also had photocopies of the respondents’ actual
questionnaires, so she could see how each respondent answered
particular questions, and remind respondents how they answered
if necessary. She was instructed to proceed through the list until
she had completed 10 interviews, and to try to get a balanced
sample of breast and colorectal cancer respondents.

Our debriefing questionnaire consisted of 6 questions for
breast cancer respondents and 5 for colorectal cancer respondents.
The questionnaire was designed to take only about 10 minutes to
complete. Our questions asked about the experience of the
questionnaire in general, and about a few particular items. The
interviewer was encouraged to probe answers on her own to make
sure she understood the issues. In addition to the questions that
were asked of everyone, our interviewer was told to read any
notes that the respondents wrote in the booklets and ask about
those.

Our debriefing questions revolved around three main
points. First, we were interested in how respondents dealt with the
complexity of the packet. The survey mailing included a large
packet of material including the survey instrument, a cover letter,
a brochure, two copies of a medical records release consent form,
a form for the respondent to list their doctors, and a form for
someone to complete if the respondent was ill, deceased or did
not speak English. Second, we were interested in how respondents
reacted to the consent form and the prospect of having their
medical records reviewed. Third, we had questions about how
respondents answered particular items. For example, one series of
items asked about care in the 6 months after they were diagnosed
with cancer. Having modified the question after cognitive testing,
we wanted to know if 6 months was a meaningful timeframe for
people.

Because this was a multi-mode study, the phone
interview schedule was being pre-tested at the same time as the
mail survey. Thus, our respondent debriefing interviewer and
phone interviewers were debriefed at the same time. This was
helpful because it allowed us to compare issues in the phone
interview with issues in the mail survey. For example, a few of
our mail respondents had trouble with an item that asked them to
choose one main physician to answer questions about. However,
our phone interviewers did not report any problems with this item.

Conclusions
We found the respondent debriefing to be a useful technique to
find out how an active mail survey was being processed and
understood by real respondents under real-world conditions.
Although major changes were not made to our survey as a result
of the debriefing, it was good to know that respondents were able
to handle the complex packet and understand the items we were
concerned about. With regard to the multi-mode nature of the
study, it was also interesting to learn that some of the items that
were difficult in our mail survey were not a problem on the
phone.

One of the limitations of our debriefing was the size of
our sample. A larger sample may have provided more robust and
detailed information about potential problems. A second
limitation was that we contacted only early-responders. We know
they could handle the packet, because they completed and sent
their surveys back immediately. They may also have had fewer
problems with potentially confusing items than other respondents.
Recall problems may also be another limitation. Several weeks
had passed between the time the respondents actually completed
their surveys and the time when they were debriefed. A couple
of our respondents did not even remember completing the
questionnaire. Considering the time lapse, it may have been
difficult for some respondents to remember exactly what
confusion they had, if any, with particular items.

In conclusion, this was a fast, low-cost way to get
information from respondents to a mail pre-test that would not
have been available in any other way. Although it has limits, it
was useful and proved easy to do. In the future, when planning
pre-survey evaluation protocols for mail surveys, this simple
procedure is an option that deserves consideration.

The National Initiative on Cancer Care Quality (NICCCQ), of which
this research was a part, is being funded by the American Society of
Clinical Oncology and the American College of Surgeons. The
Center for Survey Research is under contract with principal
investigators at the Harvard School of Public Health. Additional
thanks to Jack Fowler (Study Director) for his insight on this paper
and Nancy Fales (Field Interviewer) for conducting our debriefings.