

# Contacting by telephone prior to dispatching postal questionnaires increases response rates in a senescent and frail patient population

<b>Submission date</b> 21/05/2013	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 30/06/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/09/2016	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Recent studies do not provide sufficient information on how to increase response rates in patients. This study is currently in the middle of a large data-collection phase and over the next year will send postal 12-month follow-up questionnaires to patients who have been discharged from the Akershus University Hospitals stroke unit (SU). These patients have already received 3-month follow-up questionnaires. Several patients have already been pre-selected to be contacted by telephone; those are the patients for whom we have available a primary care-giver (relative or other), and who are either above 80 years of age, or who were discharged to some address other than their home address (i.e. a rehabilitation facility). In this study, we aim to find out if contacting the remaining patients by telephone before sending out the questionnaires can increase response rates.

### Who can participate?

Patients who have not previously been contacted or who did not fill in or receive the questionnaire can take part.

### What does the study involve?

The patients are randomly allocated to one of two groups. The intervention group will be pre-contacted by telephone about 1 week before we mail them the questionnaire; the control group patients will simply receive a questionnaire by mail without being pre-contacted. All patients will receive a 12-month follow-up questionnaire by mail. The intervention group patients will be contacted by telephone before shipment.

### What are the possible benefits and risks of participating?

There are no benefits or risks for the participants.

### Where is the study run from?

Akershus University Hospitals Health Services Research Center (HØKH), Norway.

When is study starting and how long is it expected to run for?  
The study started in June 2013 and ended in April 2014.

Who is funding the study?  
The Research Council of Norway (Norway).

Who is the main contact?  
Dr Mathias Barra  
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## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

## Study information

**Scientific Title**  
Contacting by telephone prior to dispatching postal questionnaires increases response rates in a senescent and frail patient population: an open randomized controlled trial

**Study objectives**  
To determine whether contacting by telephone prior to dispatching postal questionnaires can increase response rates in a senescent and frail patient population.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
Ethics approval not required: The NOR-SPOT project has been submitted to a regional ethics committee for medical research, and exempted from evaluation because the study hypotheses were not directly related to health and illness.  
Under Norwegian law it is therefore sufficient that the project, as it has been, is approved by the hospital's internal privacy ombudsman. Randi Otterstad (randi.otterstad@ahus.no); Ref: 11.076.

**Study design**  
Interventional open randomized controlled trial with two study branches

## **Primary study design**

Interventional

## **Study type(s)**

Other

## **Health condition(s) or problem(s) studied**

Response rate to postal questionnaire targeting stroke patients

## **Interventions**

The telephone pre-contact intervention will be performed according to the following procedure:

1. Three attempts will be made to contact the subjects on their mobile phone (land-line when no mobile-number is available). If contact is established during one of these three attempts, or on a call-back the caller will aim at achieving what we call as an informal consent to shipping. This means that the caller will aim at having the participant agree to receive the questionnaire for their review.
2. The caller may answer questions about the survey, but should remain neutral
3. Any house-hold member can act as proxy for the participant e.g., a spouse or other family member answering the phone
4. Where a prior written consent to participation (given at the SU) exists, the caller reminds the participant of this fact. However, the caller must not induce guilt for not having responded to the 3-month shipment.

## **Intervention Type**

Other

## **Phase**

Not Applicable

## **Primary outcome(s)**

Response rate: the total number of responders who responded within 45 days of shipping out.

## **Key secondary outcome(s)**

Final response rate: the total number of responders who responded after 365 days.

The intervention (pre-contact by telephone) will be undertaken between June 1st 2013 and April 1st 2014, but that the second outcome "response rates within 356 days" will (necessarily) be recorded on April 1st 2015.

## **Completion date**

01/04/2015

## **Eligibility**

### **Key inclusion criteria**

We will include NOR-SPOT patients who:

1. Have not previously been contacted
2. Have not returned the 3-month questionnaire or did not receive the questionnaire
3. Who are not pre-selected for pre-contact: viz. those who were discharged to their own home,

under the age of 80, or those with a spouse or other relative living at their home address

4. Has a phone number for contact

5. Have a confirmed stroke diagnosis

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Sex**

All

### **Key exclusion criteria**

Patients will be excluded when it is discovered that the patient is no longer alive within 7 days after dispatch of the questionnaire. This goes for participants both in the control and the intervention groups.

### **Date of first enrolment**

01/06/2013

### **Date of final enrolment**

01/04/2014

## **Locations**

### **Countries of recruitment**

Norway

### **Study participating centre**

Sykehusveien 25

Lørenskog

Norway

1478

## **Sponsor information**

### **Organisation**

Akershus University Hospital (Norway)

### **ROR**

<https://ror.org/0331wat71>

# Funder(s)

## Funder type

Government

## Funder Name

Norges Forskningsråd

## Alternative Name(s)

Forskningsrådet, Norwegian Research Council, Research Council of Norway, The Research Council of Norway

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

Norway

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	21/09/2016		Yes	No