ISRCTN93103453 https://doi.org/10.1186/ISRCTN93103453

Are SMS vouchers or posted vouchers more effective for increasing response rates in a work-related survey in people with persistent pain?

Submission date
13/06/2022

Recruitment status
No longer recruiting

Registration date
25/07/2022

Overall study status
Completed

Last Edited
14/05/2024

Condition category
Injury, Occupational Diseases, Poisoning

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Response rates are important in trials as high response rates mean that the sample is more likely to be reflective of the population from which it was drawn. While vouchers are known to increase response rates in trials, little work has been done to explore whether the method of delivery affects response. We will explore whether receiving vouchers by SMS message or in the post has a large effect on response rates.

Who can participate?
Those consenting to participate in a cohort study of the impact of being unemployed with persistent pain, with the chance of being offered an intervention to help people from the population to return to work and for which NOK 200 of high street vouchers are being offered as an incentive to complete questionnaires.

What does the study involve?
The study involves randomising participants to receive their vouchers either by SMS or by post

What are the possible benefits and risks of participating?
This is a methods trial comparing two ways of receiving vouchers and not a health care intervention, thus no benefits or risks are identified.

Where is the study run from?
Kristiania University College (Norway)

When is the study starting and how long is it expected to run for?
May 2022 to April 2023

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

Who is the main contact?
Professor Robert Froud (Norway)
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Contact information

Type(s)
Principal investigator

Contact name
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Additional identifiers

Protocol serial number
NRC 326732

Study information

Scientific Title
Are SMS vouchers or posted vouchers more effective for increasing response rates in a work-related survey in people with persistent pain?

Acronym
SPOST

Study objectives
Is there a large difference between SMS vouchers or posted vouchers for increasing response rates in a work-related survey in people with persistent pain?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approval 16/05/2022, Regional Committees for Medical and Health Research Ethics (Gullhaugveien 1-3, 0484, Oslo, Norway; +47 22 84 55 22; rek-sorost@medisin.uio.no), ref: 402918.

Primary study design
Interventional

Study design
Randomized controlled trial

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Pain

Interventions
Current interventions, as of 17/01/2023:

We will study the follow-up rate at three months for people enrolled in a cohort randomised study (ISRCTN85437524) and who are offered vouchers to participate. We will randomise all participants, regardless of what arm they are in, in a cohort randomised approach to receive the vouchers either by SMS or by post. The objective is to see if there is a large difference (ie of 30% or more) in follow-up rate at three months with one or other of the voucher offer methods. If no difference is detected then SMS would be preferred as it is less expensive and has a lower carbon footprint.

Previous interventions:

We will study the follow-up rate at six months (primary) and 12 months (secondary) for people enrolled in a cohort randomised study (ISRCTN85437524) and who are offered vouchers to participate. We will randomise all participants, regardless of what arm they are in in the cohort randomised approach to receive the vouchers either by SMS or by post. The objective is to see if there is a large difference (ie of 30% or more) in follow-up rates with one or other of the voucher offer methods. If no difference is detected then SMS would be preferred as it is less expensive and has a lower carbon footprint.

Intervention Type
Behavioural

Primary outcome(s)
Current primary outcome measure as of 17/01/2023:

Follow-up response rate, measured using the number of three-month follow-up questionnaires received divided by the number of baseline measurements received.

Previous primary outcome measure:

Follow-up response rate, measured using the number of three-month follow-up questionnaires received divided by the number of baseline measurements sent at three-months

Key secondary outcome(s)
Current secondary outcome measures as of 17/01/2023:

Follow-up response rates, measured using the number of six- and 12-month follow-up questionnaires received divided by the number of baseline questionnaires, may be subsequently conducted.

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Previous secondary outcome measures:

Follow-up response rates, measured using the number of six- and 12-month follow-up questionnaires received divided by the number of baseline questionnaires sent at six- and 12-months

Completion date
30/04/2023

Eligibility

Key inclusion criteria
Participants in cohort randomised trial ISRCTN85437524

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
101

Key exclusion criteria
Participants not in ISRCTN85437524

Date of first enrolment
15/06/2022

Date of final enrolment
16/01/2023

Locations

Countries of recruitment

Norway

Study participating centre
Kristiania University College
Prinsens gate 7-9
Oslo
Norway
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Sponsor information

Organisation
Campus Kristiania

ROR
https://ror.org/03gss5916

Funder(s)

Funder type
Research council

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

After completion of the ReISE project and all peer-reviewed publications and disseminations will be complete and published, anonymised/de-identified data will be available upon reasonable request to the data custodian at Kristiania University College. De-identified data will be stored in a secure database for this purpose. Protocol, data from intervention, and statistical analysis plan can be delivered upon reasonable request to principal investigator. RobertJames.Froud@kristiania.no

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes