A Comparison of Different Survey Periods in Online Surveys of Persons with Eating Disorders and Their Relatives

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Abstract. Evaluations of Internet-based interventions offered to patients with mental or psychosomatic illnesses are mostly carried out in the form of online surveys. Up until now, the methods used in carrying out these evaluations have seldom been systematically investigated. This study tested whether modifying this time interval brings about changes in the respondents’ response behavior and the make-up of the sample. Two survey strategies were compared: a post-block survey (with a variable time interval between the Internet-based intervention and the online survey) and a post-spot survey (time interval standardised to 90 days). In the post-spot survey it was possible to prove a higher response rate (39.9%) than in the post-block survey (28.0%) as well as a higher number of questionnaires completed correctly and in full. No differences were identified in the basic characteristics of the random samples. It was possible to demonstrate that the quality of the online survey could be improved by standardising the length of time. Standardisation of the time difference implies a controllable degree of influence on the quality of the evaluations.

Keywords. Internet, online consulting service, eating disorders, non-response, e-health, ex post facto study

Introduction

Internet-based research methods have been used increasingly in clinical psychology. This includes, for example, carrying out online surveys to evaluate Internet-based interventions for various types of mental and psychosomatic illnesses. The design of such studies varies from ex post facto studies [1,2], pre/post comparisons [3] to one or more follow-ups [4]. The time interval between the post- or follow-up measures and the point at which the online intervention took place can also be seen as a potential influencing factor on the rate of return [2].

This investigation compares two online survey strategies which differ with regard to the time interval between the intervention (online consultation for eating disorders) and the subsequent online survey, in following factors: (a) Response behavior (questionnaires filled in incorrectly/incompletely, looking at the questionnaire without answering it, information volunteered), (b) characteristics of the samples (Age, Gender, Previous experiences of professional help) and (c) Formal characteristics of the
intervention (identity of the online consultant, length of the online consultation process).

1. Method

Two online questionnaires – one for persons affected by eating disorders and one for relatives – were constructed in order to record the impact and effects of the *ab-server* online consultations. These questionnaires contained 17 items, consisting only of closed questions with response prompts. For some questions multiple answers were allowed. Affected persons and relatives who wanted to make use of the online consulting service were given an opportunity to voluntarily agree to take part in an online survey. These persons seeking advice could enter an e-mail address to which the invitation to take part in the online questionnaire was sent on the appropriate survey date. These invitations contained two links, which referred them to either the online questionnaire for affected persons or the questionnaire for the relatives.

Between 04/2005 and 11/2006, the effects of intervention were recorded on two dates to everyone who had sought advice, irrespective of how long ago the intervention had taken place (“post-block survey”). Between 12/2006 and 11/2007 people were invited to take part in the online survey, in each case 3 months (90 days) after the intervention (“post-spot survey”; see figure 1).

A total number of 1071 online questionnaires were sent out, with a total response rate of 31.9 %.

![Diagram](image-url)  
*Figure 1. Modes of investigation in the post-block and post-spot surveys.*
2. Results

The post-block survey had a response rate of 28.0%, the post-spot survey a response rate of 39.9%. This difference was verified statistically ($\chi^2 = 14.35; p \leq .001$). Furthermore, significant differences in the correctly completed questionnaires could be proved ($\chi^2 = 18.96; p \leq .001$). The investigation of random sample characteristics (age, gender, and previous experience of professional help) and of formal characteristics of the intervention (person of the consultant, duration of the consultation process) found no significant differences between the two survey methods.

3. Conclusion

It can conclude that a short time interval, such as that achieved in the post-spot survey by standardising it to three months, increased the motivation of the people seeking advice to take part in the online survey. Until now, the timing of a survey following an Internet-based intervention has been decided mainly on the basis of disorder-specific or pragmatic aspects. However, these results show that the time interval between Internet-based intervention and the online survey can be incorporated as an explicit determining factor. In particular, low-threshold Internet-based interventions, in which a high drop-out rate is recorded (and which therefore rely particularly on representative feedback), can benefit from standardisation of the timing.

References