Surveys for Tailoring
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What Should I Tailor On?
- Program objectives
- Relevant literature
- Appropriate theoretical constructs
- Audience research

All determine appropriate tailoring variables.

What Questions Should I Ask?
Identify variables that are:
- most likely to lead to behavior change
- amenable to change via a communication-based approach like tailoring

How Do I Know What’s Most Important To Ask?
- Use a 2 by 2 matrix of “importance” by “changeability”
- Each potential variable is classified in the matrix on the basis of two questions:
  1. "If this factor is changed, how important is it to the outcome?" (i.e., importance); and
  2. "Is it easy to change?" (i.e., changeability).

Variable Matrix

<table>
<thead>
<tr>
<th>Importance</th>
</tr>
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<tbody>
<tr>
<td>High</td>
</tr>
<tr>
<td>Low</td>
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<table>
<thead>
<tr>
<th>Changeability</th>
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<td>High</td>
</tr>
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<td>Low</td>
</tr>
</tbody>
</table>
When all variables have been classified into the matrix, decisions can be made about which to keep, which will influence the survey questions you ask. As a rule, it is best to include those variables classified into the “high-high” cell (high importance and high changeability). There is also some value in including variables classified as “high changeability, less important.” Addressing these may help build participants’ self-efficacy because participants are more likely to experience success in changing them.

Just because a particular variable is not changeable does not mean that it cannot be asked about in a survey and addressed in a tailored health communication program.

Example: family history is not changeable. There is nothing a tailored message can do to reverse the fact that a woman’s mother or sister has previously been diagnosed with breast cancer. However, knowing that a woman has a family history of breast cancer may be very important information to use in a tailored communication program.

Tailored health communication is assessment-based. **Distinguishing characteristic**: the closed-ended nature of the questions. All possible response options are provided.

Any question that is going to be imperative to your study may include:
- Consumption of fruit, vegetables
- Cessation of a behavior (i.e. smoking)
- Change in activity level
- Change in knowledge
- Outcome measures can be tailored on
Factors which will determine inclusion/exclusion in the study

- Age
- Medication use
- Co-morbidities
- Access to email
- Language restrictions

Demographics
- Gender
- Age
- Race/Ethnicity
- Family Status
- Employment
- Education

Geographics
- City/State
- Urban/Rural

Health status
- Self-rated general health
- Health history
  - Heart Disease
  - Blood pressure
- Any conditions influenced by the intervention/research question
- Recommendation from health-care provider to work on a particular behavior

We often tailor on psychosocial and cognitive variables
- Social support (how much/who)
- Motivation (intrinsic/extrinsic)
- Self-efficacy
- Perceived barriers
- Numeracy
- Need for cognition
- Perceived competence

Behavioral questions that are central to your intervention
- Current levels
  - Fruit and vegetable intake
  - Exercise
  - Medication adherence
  - Cigarettes
- How many years have you been smoking?
- Does your partner smoke?
Tailoring: Process Measures
- In tailoring, process measures are measures which result from another action, which may come before, or as part of the intervention
  - HMO Satisfaction (Doctor/health care provider)
  - Satisfaction with website
  - Timestamps

Tailoring: Unique Questions
- Add deeply to tailoring possibilities.
  - Do you have a dog?
  - How much of the responsibility do you have for shopping for food/meal planning/cooking?
  - How much does one pack of cigarettes usually cost you?
  - Season

Tailoring: Preferences
- The user shapes their own intervention.
  - What fruit/vegetables do you like? Provide recipes/tips based on their preferences.
  - Conjoint analysis leads to preference tailoring
  - Media/Delivery vs. User Text (choice of how to receive the intervention)
  - Which do you like the best? Pie, bar, table, pictograph. Information is given using their preferences.

Tailoring: Theory
- Theory can help with providing constructs to tailor on
  - HBM (Health Belief Model): Susceptibility, severity, barriers, self-efficacy
  - TPB (Theory of Planned Behavior): Beliefs, attitudes, behavior, perceived control
  - SCT (Social Cognitive Theory): Environment, self-control, self-efficacy, reciprocal determinism
  - TTM (Transtheoretical Model): Intention to change

Designing a Good Survey/Question
- Have clear instructions for respondents
- Well-organized, with questions on a similar topic grouped together
- Smooth transitions
- Ordering questions to avoid contextual and other biases
- Clear skip patterns
- Balanced, even-handed questions and response scales
- Clarity of questions, words, and phrases
- Use language that is familiar to the target population
- Appropriate response options
- Minimize respondent burden
- Appropriate length

Question Types
- Single Response Questions
  - Likert Scales
  - Questions with numbers
- Multiple Response Questions
  - Open-Ended/ Fill in the blank Question

Derived tailoring comes from a combination of 2 or more individual questions to give an additional variable:

- Age participant started smoking
- Current age
- Years they’ve spent smoking

**Survey Design**

- **Close Ended Questions**
  - Look for validated scales when possible
  - How will you deal with non-response – does this indicate 'don't know' or 'unwilling to respond'?
  - Can respondents change their answers? Does the 'back' button work?
  - Do participants receive feedback between questions?
  - Answers should be mutually exclusive
  - Pilot-testing can be done through
    - Focus groups
    - Cognitive interviews (where comprehension is evaluated)
    - Field tests under realistic conditions

**Turning a Survey into MTS**

- Every survey question needs a characteristic
- Every response needs a value

**QuitMainReasonStart**

What was the MAIN reason you began smoking again after your last quit attempt?

- I didn’t really want to quit (Didn’tWant)
- I was around others who were smoking (OtherSmokers)
- I was in a stressful situation (StressSit)
- I just didn’t try hard enough (Didn’tTry)
- I missed the enjoyment of smoking (MissedIt)
- I was gaining weight (WeightGain)
- I couldn’t deal with the withdrawal symptoms anymore (Withdrawal)
- I was drinking alcohol (Alcohol)
- Other (Others)

Please describe _____________________________  

**Activity**

- Flip to tab ‘2’ in your binder.
- Brochure ‘Let Sleep Work For You’

If you were going to take this existing content and tailor on it, what questions would you need to ask?

**Survey Worksheet**

**Define Your Survey**

**Survey Development**

- Program Name:

**Survey Worksheet**

- Number and purpose of sources
- Question types used in survey will include: (i) fixed response, (ii) multi-response, and (iii) open-ended.  
- Number of key words used in the survey: 5 words (not excessive)

**Digitally required**

- All survey questions will include at least one digitized, answer, digitally recorded, and digitally analyzed.

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