

Procedures and Results of the Field Work

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Introduction

Sampling and generalizability are of fundamental importance in survey research. It is therefore important that procedures on sampling and non-response (attrition) are reported and shared with the 'scientific forum' in order to compare and evaluate procedures which might reduce non-response rates. In this chapter the results and procedures from the first LASA data collection cycle are presented. Because of the longitudinal character of the study and the relatively long duration of the field work, birth year of sample members instead of initial age is chosen as a basis for description.

Sample description

The Longitudinal Aging Study Amsterdam is linked with the NESTOR-LSN program and provides for a eight-year follow-up study on part of the NESTOR-LSN sample (respondents initially 85 years and older are excluded from the follow-up study). For an elaboration on the NESTOR-LSN sample and NESTOR field work procedures is referred to Broese van Groenou *et al.* (forthcoming). The sample (n = 3805) is based in the geographical areas of the West, North-East, and South of the Netherlands. Each area consists of one middle to large size city and two or more rural municipalities which border on the city. A description of the LASA-sample according to age and birthyear is given in table 1.

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Table 1
Initial sample according to sex and birthyear (5-year cohort)

Birthyear →	1908-12	1913-17	1918-22	1923-27	1928-32	1933-37	
male	383	378	289	272	267	270	1859
female	391	334	300	321	313	287	1946
total	774	712	589	593	580	557	3805
% of N	20.3	18.7	15.5	15.6	15.3	14.6	100.0

Procedures

Respondents were submitted to three different data collection modes. In the first (main) interview various sociological, psychological and epidemiological variables were measured. At the end of the interview respondents were asked to participate in a medical interview which would take place after approximately two weeks after the main interview. If respondents agreed to participate, their address was given to an interviewer and a new appointment was made for the medical interview. In this interview several medical tests were done and blood samples were taken. After the main interview a questionnaire was also left behind. Respondents were asked to fill out this questionnaire and hand it over to the medical interviewer. Respondents who refused to participate in the medical interview were given an envelope to return the questionnaire to the field work coordinator.

Selection and training of interviewers

Interviewers for the main interview were recruited via local newspaper advertisement and bulletin boards at local universities. Selection criteria were: experience with survey interviews, legible handwriting, social skills, and some basic computer experience. A total of 43 interviewers (41 women and two men) were selected.

The training of the interviewers took place during five sessions, each lasting six hours. A standardized interviewer training was given based on Emans (1985), the VOI-manual (De Bie and Dijkstra 1989) and the NIA interviewer instruction video (1988). Video-examples illustrated basic interview rules, and role playing was used to practise interviewer skills. Special attention was paid to skills in contacting sample members with the request to participate in the study. Each interviewer conducted a test interview which was audio-taped and discussed. A manual was given to the interviewers to support them during the field work. During the field work additional training sessions were organized. Lap top computers were

used for data entry (CAPI procedures: Computer Assisted Personal Interviews).

For the medical interview six medically trained persons were recruited (five women and one man). The interview training took place during five sessions. A number of invited specialists instructed different parts of the medical questionnaire: psychiatric interview (for a side study), anthropometry, cognitive tests, bed sores.

A manual was given to the interviewers to support them during the field work. During the field work additional training sessions were organized. The medical interview was administered in a paper and pencil version.

Field work

Field work was conducted from September 1992 through October 1993. From the 3805 persons a total of 3107 were willing to participate in the main interview (81.7%). Respondents received a personalized letter - signed by the scientific director of the study - introducing the study and asking them to participate in the study. The letter included name and telephone number of the interviewer who would contact the respondents. In the letter a small present (a book) was mentioned as a reward for participation. A flyer with extra information on the study was added.

The interviewers approached every respondent at their residence either by telephone or on the doorstep. If necessary interviewers could identify themselves as a staff member of the LASA field work, with a special identity card. Interviewers were instructed to approach the respondent a minimum of 10 times, if no contact could be established.

The duration of the main interview averaged on one hour and 53 minutes while the medical interview lasted on average 80 minutes. For those respondents with physical or mental deficiencies a shortened version of the main interview and the medical interview were available. A total of 178 respondents were submitted to this shortened version. All interviews were held at the residence of the respondent (private home, nursing home, home for the elderly, hospital). All interviews were audiotaped in order to perform quality control on interviewer behaviour.

During the field work a number of interviewers who showed a more than average response rate were selected to re-approach respondents who refused participation previously in order to persuade them to participate in the study as yet. These interviewers succeeded to persuade approximately 15% of the 'refusers' to participate in the study.

Non-response

As can be seen from table 2 refusals were the main source of non-response. A number of potential respondents could not participate in the study because of health problems (ineligible).

Table 2
Result of enlisting attempt

		% of total	% of eligible
Deceased before approach	126	3.3%	-
Refusals	394	10.4%	11.1%
Ineligible	134	3.5%	-
Not contacted	44	1.2%	1.2%
Main interview	3107	81.7%	87.6%
Total	3805	100.0%	(3545) 100.0%

A further specification of the (non-)response is given in table 3, while in table 4 the realized sample is shown.

Table 3
Specification of the non-response

Deceased before approach	126
Refusals	394
- Not interested/motivated	328
- Bad experience previous interviews	66
Ineligible	134
- Not able: cognitive indication	38
- Not able: physical indication	83
- Not able: deaf/blind	13
Not contacted	44
- >10 times not contacted	22
- moved: adress unknown	9
- Staying elsewhere (temporarily)	13

Table 4
Realized sample main interview according to sex and birthyear (5-year cohort)

Birthyear →	1908-12	1913-17	1918-22	1923-27	1928-32	1933-37	
Male	278	303	233	220	243	229	1506
Female	302	272	239	272	268	247	1601
Total	580	575	472	492	511	476	3107
% of N	18.7	18.5	15.2	15.8	16.5	15.3	100.0

As described above, at the end of the main interview the respondents were asked to participate in the medical interview and to fill out the questionnaire. Results of these enlisting attempts are shown in tables 5 and 6.

Table 5
Result of enlisting attempt medical interview

Deceased before approach	7	0.2%
Refusals	301	9.7%
Ineligible	22	0.7%
Not contacted	83	2.7%
Reason unknown	23	0.7%
Medical interview	2671	86.0%
Total	3107	100.0%

Table 6
Result of enlisting attempt questionnaire

Refused questionnaire	804	25.9%
Returned questionnaire	2303	74.1%
Total	3107	100.0%

Realized samples according to sex and birthyear (5-year cohort) are shown in tables 7 and 8.

Table 7
Realized sample medical interview according to sex and birthyear (5-year cohort)

Birthyear →	1908-12	1913-17	1918-22	1923-27	1928-32	1933-37	
Male	224	256	203	197	219	205	1304
Female	236	220	209	235	249	218	1367
Total	460	476	412	432	468	423	2671
% of N	17.2	17.8	15.4	16.2	17.5	15.8	100.0

Table 8
Realized sample self administered questionnaire (5-year cohort)

Birthyear →	1908-12	1913-17	1918-22	1923-27	1928-32	1933-37	
Male	177	218	175	179	197	182	1128
Female	193	171	188	211	216	196	1175
Total	218	389	363	390	413	378	2303
% of N	16.1	16.9	15.8	16.9	17.9	16.4	100.0

An overview of the three data collection modes is given in table 9.

Table 9
Overview of data collection

	N	% of intitial sample	% of participation main interview
Sample	3805	100.0	
Main interview	3107	81.7	100.0
Medical interview	2671	70.2	86.0
Questionnaire	2303	60.5	74.1

Some respondents refused to participate in the medical interview but did return the questionnaire or did participate in the medical interview but refused to fill out the questionnaire. A total of 2196 respondents participated in all three data collection modes.

There were significant effects of age on the response rate. Older respondents tended to refuse more often to participate in (parts of) the study ($p < 0.001$). Differences in participation by sex were not found.

Also no interactions between age and sex for participation in (parts of) the study were found.

In reasons for nonparticipation significant differences were found for age. Sample members from the oldest cohorts more often scored 'ineligible' as a reason for nonparticipation ($p < 0.001$). No sex differences in reasons for nonparticipation were detected. However, an interaction between type of nonresponse, age, and sex was found. Male sample members from the oldest cohorts were more often deceased at contact time than female sample members ($p < 0.001$).

References

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