

**EFFECTS OF QUESTION ORDER ON ESTIMATES OF THE
PREVALENCE OF DRINKING AND DRIVING AND SEATBELT
USE AMONG REGION OF PEEL RAPID RISK FACTOR
SURVEILLANCE SYSTEM RESPONDENTS,
2001-2004**

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REPORT SUMMARY

Data from the Rapid Risk Factor Surveillance System (RRFSS) for the Region of Peel for the years 2001 to 2004 were used to determine the impact of question order effects on estimates of the prevalence of drinking and driving and seatbelt use in the region. The year 2004 was used as the point of reference as it marked the point at which the driving status module (DSM) was created, resulting in a reversal of the presentation order of the seatbelt and drinking and driving survey items. Comparative analyses using the chi-square statistic of RRFSS survey data prior to the implementation of the DSM and of the 2004 RRFSS survey revealed that there was no statistically significant difference between the seatbelt usage proportions and the proportion of drivers that reported drinking and driving between the two data collection periods even after controlling for gender and age. The only significant difference was for drivers who reported that they rarely or never wore their seatbelt. Overall, the findings of this report indicate that module or question ordering did not have an effect on the estimated prevalence of drinking and driving and seatbelt use in the Region of Peel. Based on these data, there is no intrinsic merit in placing the seatbelt items before the drinking and driving items or vice versa. Although concerns about data comparability are unsupported at this time, it may be prudent to maintain the current question sequencing so that question order effects can be ruled out as a possible explanation for marked changes in drinking and driving and seatbelt use trends.

INTRODUCTION

Pursuant to the Health Protection and Promotion Act (RSO, 1990), the Mandatory Health Programs and Services Guidelines (MHPSG) set standards and objectives for the provision of core public health programs in Ontario. Since 2001, Peel Public Health has conducted monthly community health surveys through the Rapid Risk Factor Surveillance System (RRFSS) to monitor progress towards these objectives. Data from RRFSS is used to assist with program planning and evaluation and to monitor health trends over time. In order to properly analyze or interpret RRFSS data, survey order effects related to variations in the context, wording, response format and temporal order of questions from one time period to another must be considered since order effects can lead to different conclusions, disrupt data tracking, and impact on data comparability.¹ The addition or deletion of questions or modules, as well as interviewer or health unit specific instructions may also affect the data collected and/or the results of statistical analyses.²

Order effect refers to the phenomenon wherein the context of a question, including but not limited to the presentation order of questions and response options, inadvertently provide cues that influence respondents' answers.³ Although order effects can be strategically used by researchers to serve as a point of reference or to facilitate comprehension or recall,¹ recent and growing interest lies in its unintended impacts on respondents' answers. Considerable evidence of question ordering effects in behavioural or attitude surveys has been documented in several studies and may range from shifts in the magnitude and/or direction of the response given to unforeseen variations in item response or non-response rate.^{4,5,6}

A social psychology model which describes the process by which attitude or behavioural questions are answered was proposed by Tourangeau et al.⁷ The model also provides insight into how order effects arise. According to the model, a question must first be interpreted, followed by the retrieval of relevant information from memory which is then used to formulate a judgment in the third stage. The final stage is comprised of two key steps: an "editing process" wherein the response is checked for social desirability and for consistency with previous answers and a process of mapping wherein the answer derived is mapped into one of the pre-defined response options. In this model, the context of a question, that is the specific content and nature of earlier questions as well as the available response options and temporal sequence of questions, may produce order effects that manifest as either consistency or contrast effects.⁵ Order effects relating to consistency and contrast effects occur when the relative placement of questions leads to significant similarities or differences between responses than would otherwise have been the case, respectively. Other types of order effects include saliency (relevance of survey item to respondent), redundancy (repetition of survey items) and fatigue (arising from lengthy questionnaire to the detriment of later survey items) as proposed by Bradburn and Mason,⁸ and rapport and

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earning effects as proposed by Schuman and Presser.⁹ Fatigue, rapport and learning effects are almost always a function of the relative positioning of a question.

Accessibility of information is another predictor of order effects as demonstrated by Tourangeau's et al. social psychology theory (described above) that explains the answering process. In addition to detailing the answering process, Tourangeau's model also differentiates between two types of information that may be used when answering attitude questions. Information that is "chronically accessible" refers to information pertaining to well-formed ideas that can be readily called up when a related issue is considered, and as such, it is less susceptible to context or order effects. "Temporarily accessible" information on the other hand refers to information that is not readily accessible; instead, it relies on information that is provided by the question's context. Response generated via "temporarily accessible" information is likely to be more susceptible to context or order effects at all four stages of the answering process.⁸

Other theories that provide an understanding of the order effect include the attention decrement theory proposed by Miller and Campbell,¹⁰ which theorizes that over time order effects arise as information that is presented earlier is weighted less than information presented later. In contrast, the memory decay theory proposed by Schlottmann and Anderson¹¹ states that information that is received later is weighted less which, in effect, gives rise to the order effect. Another theory proposed by Hogarth and Einhorn¹² explains the origins of the order effect as occurring through a process of adjusting current beliefs in light of the strength of new information that either confirms or disproves these beliefs. In some instances, more weight is given to new information that is negative (or positive).

THE RAPID RISK FACTOR SURVEILLANCE SYSTEM

The Rapid Risk Factor Surveillance System (RRFSS) is carried out as an ongoing household telephone survey for each of the 22 participating public health units in Ontario. Each month, one hundred residents aged 18 years and over in each health unit area are randomly selected and surveyed by the Institute for Social Research (ISR) at York University. Their responses are entered directly into a computer using a Computer Assisted Telephone Interview (CATI) system. Within six to eight weeks of data collection, ISR generates datasets using the Statistical Package for the Social Sciences (SPSS) and forwards them to each of the participating health units for analysis. The survey is composed of core and optional question modules. Core modules are asked by all health units for an entire calendar year, and cannot be changed during the year unless all participating health units agree. Optional question modules are those selected by one or more participating health units, and may be modified or revised during the year by notifying ISR directly.¹³

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In 2004, the Driving Status module (DSM) was created in the RRFSS survey to identify the driving status of respondents. Prior to this change, the questions in this module were asked as part of the Drinking and Driving module (DDM). The creation of the DSM resulted in a change in the order of the Seat-belt Use module (SBM), with the SBM preceding the DDM in 2004 and subsequent years; the DSM precedes both the SBM and the DDM. There were no changes in the wording and response format of questions in the affected modules. The SBM and DDM were asked by all participating health units in 2001 and 2002, but were made optional in subsequent years; the newly created DSM is optional. The purpose of this paper is to describe the effects of module/question order on seat-belt usage and drinking and driving rates for Peel residents for the period 2001 to 2004.

METHODS

Data from the 2001 to 2004 RRFSS surveys were used to test the effects of module/question order on seat-belt usage and drinking and driving rates by comparing the proportion of Peel drivers who reported these behaviours for the time periods 2001 to 2003 (period 1) and 2004 (period 2). RRFSS data were analyzed using SPSS version 13.0 and EpiInfo version 6.04d. Data were weighted using a time period weight which accounts for household size and the time period for which the data are reported. Respondents' socio-demographic profile based on age, income, gender, education and place of residence was developed for the entire study period to verify data representativeness. Although the socio-demographic data presented in the respondent profile includes responses of "Don't Know" and "Refused", these responses were excluded from all other analyses, except where the proportion of respondents giving such answers was greater than 5%.

Comparative analyses were based on RRFSS data collection periods before and after the creation of the DSM in 2004. The proportion of respondents that reported an active driving status and the proportion of respondents reporting alcohol consumption in the twelve months preceding the survey were determined. The prevalence of drinking and driving (having two or more drinks in the hour preceding driving) and of seat-belt use among active drivers was determined and compared by means of the chi-square statistic. Because response rate is influenced by demographic characteristics, data for the two time periods were also stratified by age and sex. The seat-belt wearing and drinking and driving behaviour of drivers falling within each stratum were compared by means of the chi-square statistic.

RESULTS

Demographic profile and response rate

A conservative approach for determining the response rate was utilized by dividing the number of completed interviews by the estimated number of eligible households. A total of 4,852 telephone interviews were completed over the study

period representing a response rate of 58% (n = 1,217) for 2004 compared with 61% (n = 1,209) in 2003, 57% (n = 1,209) in 2002 and 59% (n = 1,217) in 2001. Respondents who participated in the survey throughout the study period had a demographic profile comparable to that of Region of Peel residents based on the 2001 Census with respect to gender, age and municipality of residence. However, compared to 2001 census data for the region, the educational attainment of respondents was significantly higher while household income was lower. While household income for the study period was lower in comparison to census data, caution should be exercised when drawing comparisons given the large proportion (25%) of respondents that did not provide a valid response to the household income question. The demographic characteristics of RRFSS respondents compared to those of the 2001 census are shown in Table 1.

Drinking and driving and seatbelt use

None of the questions evaluated in the SBM, DDM, DSM and the alcohol consumption modules had more than 3.7% “Refused” and “Don’t know” responses combined. Responses of these types were therefore removed from further analysis. Approximately 86% of respondents surveyed in both periods reported an active driving status in the 12 months before the survey. Similarly, there was no significant difference between the proportion of respondents in periods one (79%) and two (79%) who reported consuming at least one alcoholic beverage in the preceding twelve months. Prior to the creation of the DSM in 2004, the proportion of drivers who reported driving after drinking at least two drinks was 4.2%. Though smaller in magnitude at 2.5%, the corresponding proportion for 2004 was not statistically different.

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**Table 1:
Comparison of the Demographic Profile of 2001-2003 and 2004 RRFSS Respondents and 2001 Census Population, Region of Peel 2001 to 2003 and 2004**

Demographic Characteristics	RRFSS 2001-2003 n (%)	RRFSS 2004 n (%)	2001 Census %
Sex[♦]			
Male	1616 (44.5%)	533 (43.8%)	48.7%
Female	2019 (55.5%)	684 (56.2%)	51.3%
Total	3635 (100%)	1217 (100%)	n/a
Age Group[†]			
18-24	364 (10.0%)	140 (11.5%)	13.1%
25-44	1732 (47.6%)	519 (42.6%)	45.2%
45-64	1044 (28.7%)	378 (31.1%)	30.9%
65+	366 (10.1%)	130 (10.7%)	10.8%
Don't know/Refused	129 (3.5%)	50 (4.1%)	n/a
Education[†]			
Did not complete high school (HS)	347 (9.5%)	109 (9.0%)	22.5%
Completed HS & some college/university	1281 (35.2%)	404 (33.2%)	39.4%
College or university diploma/degree	1962 (54.0%)	682 (56.0%)	38.2%
Don't Know/Refused	45 (1.3%)	22 (1.9%)	n/a
Household Income[◇]			
<30,000	422 (11.6%)	135 (11.1%)	15.3%
30,000-49,000	642 (17.7%)	194 (15.9%)	16.9%
50,000-69,000	575 (15.8%)	188 (15.4%)	18.5%
70,000+	1089 (30.0%)	419 (34.4%)	49.3%
Don't Know/Refused	907 (25.0%)	281 (23.1%)	n/a
Municipality of Residence			
Brampton	1158 (31.9%)	401(32.9%)	32.9%
Caledon	198 (5.4%)	72 (5.9%)	5.1%
Mississauga	2262 (62.2%)	743 (61.1%)	62.0%
Other	17 (0.5%)	0 (0.0%)	n/a
Don't Know/Refused	NR	NR	n/a

Data source: Rapid Risk Factor Surveillance System, Region of Peel, 2001-2004

Data source: 2001 Census, Statistics Canada

n/a - Not applicable

NR -Data not releasable due to small numbers

♦Census data for this variable are based on Peel's 2001census population age 18 years and older

† Census data for this variable are based on Peel's 2001 census population age 20 years and older

◇ Census data for this variable are based on the household income of private households only

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There was no age or gender difference with respect to drinking and driving. For the two data collection periods, a similar proportion of drivers (94.3% in period 1 and 94.6% in period 2) reported that they always wore a seatbelt when driving a motor vehicle ($X^2 = 0.61$, $p = 0.436$). While there was no difference between the proportion of occasional seatbelt wearers between the two data collection periods, there was a significant difference between the number of drivers who rarely or never wore seatbelts in period 1 (0.6%) compared to period 2 (1.5%).¹ As with the DDM, there was no age or gender difference with respect to seatbelt use. Overall, a consistent relationship remained with no statistically significant difference between the seat belt usage rates and the proportion of drivers that reported drinking and driving between the two data collection periods even after controlling for age and gender. Tables 2 and 3 show the various proportions compared and their associated p-values.

DISCUSSION

For the two analysis periods, respondents were first asked a general question regarding their driving status which was followed by more specific questions about drinking and driving and seat-belt use. In 2004, the order of the last two survey items was reversed, with the SBM preceding the DDM. According to the chi-square test statistic, module or question ordering had no effect on the rates of drinking and driving and seat-belt use with the exception of a small population of drivers who never or rarely wore their seat-belts. In addition, these findings were replicated across gender and age groups. However, the lack of evidence to support an order effect in this study should be interpreted with caution since order effects are known to occur in surveys where the relative placement of survey items seems negligible. The occurrence of an order effect and the resulting shift in the direction or magnitude of the response given is therefore unpredictable.³

¹ Use estimate with caution: at least one of the cited proportions may be unreliable and may not accurately reflect the population (coefficient of variation between 16.6% and 33.3%).

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**Table 2:
Comparison of Seatbelt Use among 2001-2003 and 2004 RRFSS
Respondents,
Region of Peel, 2001-2003 and 2004**

	Frequency (%) (2001-2003)	Frequency (%) (2004)	Chi-square	DF	P-value
SEATBELT USE					
Always	2919 (94.3%)	984 (93.6%)	0.66	1	0.417024
Occasionally	156 (5.0%)	53 (5.0%)	0.00	1	0.970996
Never/Rarely	19 (0.6%)	15 (1.5%)	7.71	1	0.005484 [†]
Total	3094 (100%)	1052 (100%)			
AGE GROUP					
18-24					
Always	378 (91.0%)	153 (88.9%)	0.64	1	0.423787
Occasionally	31 (7.5%)	17 (9.6%)	0.94	1	0.331346 [†]
Never/Rarely	6 (1.5%)	NR	NA	NA	NA
Total	415 (100%)	172 (100%)			
25-44					
Always	1347 (94.5%)	406 (93.7%)	0.35	1	0.552617
Occasionally	68 (4.8%)	23 (5.3%)	0.20	1	0.653440 [†]
Never/Rarely	11 (0.7%)	5 (1.1%)	0.38*		0.539913
Total	1426 (100%)	434 (100%)			
45-64					
Always	922 (95.4%)	311 (94.6%)	0.45	1	0.501393
Occasionally	43 (4.5%)	10 (3.1%)	1.3	1	0.264266 [†]
Never/Rarely	NR	8 (2.3%)	NA	NA	NA
Total	966 (100%)	329 (100%)			
65+					
Always	182 (95.9%)	76 (97.3%)	0.08*		0.770881
Occasionally	7 (3.7%)	NR	NA	NA	NA
Never/Rarely	NR	NR	NA	NA	NA
Total	190 (100%)	78 (100%)			
GENDER					
Males					
Always	1374 (91.2%)	456 (90.1%)	0.51	1	0.474673
Occasionally	114 (7.6%)	38 (7.5%)	0.01	1	0.929087
Never/Rarely	19 (1.3%)	12 (2.4%)	2.64	1	0.104122 [†]
Total	1507 (100%)	506 (100%)			
Females					
Always	1545 (97.3%)	528 (96.7%)	0.50	1	0.477664
Occasionally	42 (2.6%)	15 (2.7%)	0.04	1	0.836452 [†]
Never/Rarely	NR	NR	NA	NA	NA
Total	1587 (100%)	546 (100%)			

NR - Data not releasable due to small numbers

NA - Not applicable: cell count suppressed due to small numbers, chi-square not calculated

* - Yates corrected chi-square calculated because 1 expected cell < 5.

† - Use estimate with caution: at least one of the row proportions may be unreliable and may not accurately reflect the population (coefficient of variation between 16.6% and 33.3%).

Note 1- Cell counts may not sum precisely to column total because data is time weighted.

Note 2 - Data is time weighted & un-releasable data not presented - Percentages may not sum to 100

Source: Rapid Risk Factor Surveillance System, Region of Peel, 2001-2004

DF – Degrees of freedom

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**Table 3:
Comparison of Frequency of Drinking and Driving among 2001-2003 and
2004 RRFSS Respondents,
Region of Peel, 2001-2003 and 2004**

	2001-2003 Frequency (%)	2004 Frequency (%)	Chi-square	DF	P-value
DRINKING & DRIVING					
Drank 2+	129 (4.2%)	11 (2.5%)	2.69	1	0.10091 [†]
Drank <2	2393 (77.4%)	333 (77.2%)	0.00	1	0.95412
Don't drink	570 (18.4%)	88 (20.4%)	1.01	1	0.31576
Total	3091 (100%)	431 (100%)			
AGE GROUP					
18-24					
Drank 2+	21 (5.1%)	NR	NA	NA	NA
Drank <2	320 (77.8%)	55 (79.1%)	0.12	1	0.730688
Don't drink	70 (17.1%)	11 (16.0%)	0.05	1	0.823055 [†]
Total	411 (100%)	69 (100%)			
25-44					
Drank 2+	62 (4.4%)	NR	NA	NA	NA
Drank <2	1111 (77.9%)	146 (77.2%)	0.04	1	0.840796
Don't drink	252 (17.7%)	42 (22.1%)	2.31	1	0.128818
Total	1425 (100%)	189 (100%)			
45-64					
Drank 2+	39 (4.0%)	6 (4.8%)	0.18	1	0.671047
Drank <2	750 (77.6%)	94 (76.4%)	0.06	1	0.812301
Don't drink	178 (18.4%)	23 (18.8%)	0.00	1	0.969597 [†]
Total	967 (100%)	124 (100%)			
65+					
Drank 2+	7 (3.4%)	NR	NA	NA	NA
Drank <2	142 (74.1%)	27 (75.3%)	0.02	1	0.895809
Don't drink	43 (22.4%)	9 (24.7%)	0.12	1	0.732556 [†]
Total	192 (100%)	36 (100%)			
GENDER					
Males					
Drank 2+	110 (7.3%)	9 (4.2%)	2.79	1	0.094653 [†]
Drank <2	1182 (78.5%)	167 (77.7%)	0.09	1	0.760716
Don't drink	214 (14.2%)	39 (18.2%)	2.41	1	0.120795
Total	1506 (100%)	214 (100%)			
Females					
Drank 2+	19 (1.2%)	NR	NA	NA	NA
Drank <2	1210 (76.4%)	166 (76.7%)	0.0	1	0.975619
Don't drink	355 (22.4%)	49 (22.5%)	0.0	1	0.951616
Total	1585 (100%)	217 (100%)			

NR - Data not releasable due to small numbers

NA - Not applicable: cell count suppressed due to small numbers, chi-square not calculated

* - Yates corrected chi-square calculated because 1 expected cell < 5.

† - Use estimate with caution: at least one of the row proportions may be unreliable and may not accurately reflect the population (coefficient of variation between 16.6% and 33.3%).

Note 1- Cell counts may not sum precisely to column total because data is time weighted.

Note 2 - Data is time weighted & un-releasable data not presented - Percentages may not sum to 100

Source: Rapid Risk Factor Surveillance System, Region of Peel, 2001-2004

DF – Degrees of freedom

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One possible explanation for the negative findings in this study is that the potential for order effects generally decreases as the level of question specificity increases. In their works in survey design and the order effect, Schuman and Presser⁹ and McColl, et al.¹⁴ found that survey items that encompassed broader issues such as general health questions were more susceptible to order effects than questions that asked about more specific health conditions such as having a particular disease. In the current study, the modules evaluated provided a narrower frame of reference for answering the questions by specifying a time frame within which respondents should have assessed and responded to the questions asked. With the exception of the DSM, all the modules evaluated asked questions that were more focused rather than general in scope. The adherence to a twenty minute interview length may have also contributed to the negative findings of this study in that the opportunity for fatigue and learning effects were limited. Intuitively, the longer the survey, the greater the probability for a larger order effect to accumulate. Accordingly, a larger proportion of refusals and “Don’t Know” responses, as well as statistically significant findings would be expected.

As evidenced in the field of survey methodology, pressure to present a consistent and favourable image is more pronounced in telephone interviews than in mailed survey administration, even though order effects arising from consistency and social desirability pressures are also possible in postal surveys.^{15,16,17} Thus the failure to observe any question order bias in this study is not likely to be reflective of the mode of survey administration employed by the RRFSS survey given that the survey employs the CATI system. As such, the lack of an order effect may be correctly attributed (in full or in part) to some other factor(s). Another possible explanation for the lack of ordering effects between the two study periods is that both the DDM and the SBM require responses that are equally likely to be influenced by consistency and social desirability pressures. In relation to Hogarth and Einhorn’s¹² theory of the order effect, the questions asked in these modules also inherently infer a negative connotation that has an important influence on the validity of the responses obtained. As a result, the relative placement of these modules to each other is less relevant and as such, differences due to an order effect would be unlikely to alter response patterns substantially.

The final explanation for the negative findings relates to the type of information solicited, which is intrinsically linked to the information retrieval process used by respondents. In this study, respondents were asked about particular behaviours while operating a motor vehicle in the last twelve months implying that less extensive recall is required to answer these questions. As well, given that seatbelt usage and sobriety when driving are considered to be socially desirable behaviours, participation or non-participation in these behaviours would be easier to recall because respondents are more likely to be cognisant of these behaviours. As theorized by Tourangeau et al.,⁴ information of the type required to answer the questions in the DDM and the SBM is more chronically (readily) available and as a consequence does not require extensive recall. Questions that incur low “cognitive costs” generally yield “stable and highly valid responses” that

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are less prone to influences and cues provided by the temporal order of the questions.¹⁴

The findings of this study are limited by the cross-sectional nature of the RRFSS survey in that different samples of Peel residents were surveyed in each year that data were collected. Though respondents in this study were similar demographically, the possibility of important differences relating to how specific questions were interpreted and answered from year to year is not improbable. However, RRFSS employs standard survey design characteristics that have been shown to improve the reliability of survey items. The findings of this study may not be generalizable to Peel drivers under the age of 18 years.

RECOMMENDATIONS

Data from the RRFSS is used to measure compliance with the MHPSPG and to assist in public health planning and program evaluation. Without a thorough understanding of the methodological issues surrounding RRFSS data collection, public health units run the risk of making policy decisions that are based on inaccurate data. This failure to properly account for order effects when present could bias data in either direction. The recommendations that follow for controlling order effects as it pertains to the DDM and the SBM in the RRFSS survey are based on general guidelines from traditional survey methodology as well as on findings of empirical studies on the order effect and the current study.

- Based on the findings of the present study, there does not appear to be any intrinsic merit in placing the SBM before the DDM or vice versa. For this reason, it is recommended that a consistent module/question order be maintained over time particularly if the benefits of changes in the order of questions or modules do not outweigh the benefits of data comparability.
- Given the unpredictable nature of the order effect, similar analysis should be conducted using RRFSS data from other health units individually or collectively and other data collection periods (2005 onwards) to determine whether similar negative findings will hold.
- Thoughtful responses are generally retrieved from “chronologically accessible” information and thus respondents should be encouraged to take time to think about their responses. “Chronologically accessible” information is less susceptible to the order effect.
- The use of clear instructions and reorienting statements before each module may serve to notify respondents of a shift in survey focus and may encourage respondents to make a concentrated effort to retrieve more chronically available information rather than relying on cues and influences provided by the context of the question.
- RRFSS interviewers should continue to inform respondents of the confidentiality and anonymity of the information provided so that respondents are not pressured to use cues and influences found in the context of questions or introductory statements to generate responses that are more socially desirable or consistent with information reported earlier.

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- RRFSS participating health units and ISR interviewers should continue to reinforce strategies to reduce or maintain the current average interview length in order to prevent or limit order effects relating to attention decrement and
- learning effects which propels respondents to adopt and maintain a certain response pattern.

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APPENDIX A

Selected survey items from RRFSS modules relevant to the report: Effects of Question Order on Estimates of the Prevalence of Drinking and Driving and Seatbelt Use among Region of Peel RRFSS Respondents, 2001-2004

DRIVING STATUS (DSM)

Drv_1

In the past 12 months have you driven a motor vehicle?
(Motor vehicle includes cars, vans, trucks, and motorcycles, but excludes recreational vehicles).

- | | | | |
|---|-----|---|------------|
| 1 | yes | d | don't know |
| 5 | no | r | refused |

DRINKING DRIVING (DDM)

dd2

In the past 12 months have you driven any of these vehicles when you've had two or more drinks in the hour before you drove?

- | | | | |
|---|--------------------------------|---|------------|
| 1 | yes | d | don't know |
| 5 | no | r | refused |
| 7 | R volunteers they do not drink | | |

SEATBELT USE (SBM)

sb1

How often do YOU wear a seatbelt when YOU DRIVE a car, van or truck: would you say all of the time, most of the time, about half the time, less than half the time, or never or almost never?

- | | | | |
|---|--------------------------------|---|------------|
| 1 | all of the time | d | don't know |
| 2 | most of the time | r | refused |
| 3 | about half the time | | |
| 4 | less than half the time | | |
| 5 | never or almost never | | |
| 7 | R volunteers they do not drive | | |

ALCOHOL USE

al1

The next questions are about drinking alcohol. By drink we mean 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor. During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- 1 yes
- 5 no
- d don't know
- r refused