

The Health Related Behaviour Questionnaire service to schools

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The questionnaire enquiry method has now been used by over 160 secondary schools and about 31,000 pupils. This article describes the stages of a typical enquiry, and indicates the use to which the analysis of responses can be put.

The origin and development of the Health Related Behaviour Questionnaire was described in *Education and Health*, Vol. I No. 1 (January 1983). The purpose of this article is to explain how, in practice, it can be used by a school.

The master questionnaire and supporting documents

A school wishing to use the questionnaire service receives a document entitled *What is the Health Related Behaviour Questionnaire?*, together with the Questionnaire itself. The Questionnaire is a master, of 12 A4 sides, ready for photocopying. There is also a 4-page supervisor's guide, and a single practice page on which samples of the different types of question to be found in the Questionnaire can be rehearsed.

The supervisor's notes must be read thoroughly before the Questionnaire is introduced to the class. Their aim is to standardise, as far as possible, the presentation of the Questionnaire, and also to

ensure that the pupils understand the procedure for answering the questions. They also remind the teacher to stress that the inquiry is confidential, that no names are to be written on the scripts, and that no member of the staff will be involved in processing the information.

The Unit has no direct control over the method of presenting the Questionnaire, and the success of the survey depends critically upon the way this is handled by the teacher. If the class can be made to feel that it is important for them, the responses to the more difficult questions are likely to be more reliable.

Typically, a 40-minute period is given over to answering the Questionnaire. Schools usually select a sample of about 100 pupils, which should give a representative selection of the year group, and frequently concentrate on the 4th year (pupils of 14+). However, a sample from several different year groups is sometimes examined. The cost of the service to the school is £5.00 per year group.

The Questionnaire contains 58 questions, the principal areas covered being the following:

- Alcohol consumption
- Dental care
- Diet
- Homework
- Hygiene
- Income/earning
- Medication
- Sharing problems
- Smoking
- Social activities
- Spending money
- Time to bed/time up
- Watching television

Some of these, particularly Question 23 (yesterday's diet) require detailed answers and involve considerable effort of memory. Others are more specific (for example, Question 27 asks *Have you ever deliberately tried to lose weight or to avoid putting on weight?*). Some offer multiple choices – for example, Question 20 gives a range of possible answers to the question *When did you last visit the dentist?* Examples of the various types of question are reproduced here.

9. Last week, how many times did you have a bath or a shower?
(Circle one response only)

Not at all 0
Once 1
2 or 3 times 2
4 or 5 times 4
6 or 7 times 6

21. Last time you visited the dentist, what treatment did you have?

	Yes	No
Fillings	1	0
Extraction (having teeth out)	1	0
Decaling and polishing	1	0
Brace fitted or checked	1	0
Other treatment	1	0
No treatment	1	0

47. What was the time when you got up this morning?
(Please write the time)

The Health Related Behaviour Questionnaire: some different types of question

Coding and computer analysis

The completed scripts are returned to the Unit, and the next stage is coding. The purpose of this is to turn the answers into numerical values. Some questions are self-coding – in other words, the respondent circles an appropriate number. The coding for others is more complicated, and a rather elaborate set of coding notes has been drawn up. These are periodically reviewed and revised in the light of recent experience.

The coded scripts are then “punched” into the computer. Each script is now represented by three lines of numbers – 196 altogether – and these are kept in permanent storage on discs or tape. The current data archive contains about six million numbers, representing the responses of about 31,000 pupils aged between 12 and 18. These data are protected by a codeword, which obscures the identity of the school to which each set refers.

Once the data have been checked for any punching errors, they are “read” by a special program which produces cross-tabulations of the answers to each question. If a mixed year group is being examined, the boys’ and girls’ responses are printed alongside each other, for com-

parison. The complete printout contains 139 such tables. Each table is headed by the question to which it refers, and expresses the various answers in terms of the number of individuals giving that response. This number is also converted into a percentage of the whole group of boys or girls. A typical cross-tabulation is shown here.

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***** CROSSTABULATION OF *****
SEX BY HOMEWORK =How much homework done last night?
***** PAGE 1 OF 1

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SEX	COUNT	ROW PCT	HOMEWORK					ROW TOTAL
			UP TO 1 HOUR	UP TO 2 HOURS	UP TO 3 HOURS	UP TO 4 HOURS		
MALE	1	11.1	25.0	12.0	0	1	49	
	22.4	51.0	24.5	0.0	2.0	49.0		
FEMALE	2	6.1	31.0	9	5	0	51	
	11.8	60.8	17.6	9.8	0.0	51.0		
COLUMN TOTAL	17	56	21	5	1	100		
	17.0	56.0	21.0	5.0	1.0	100.0		

If a school decides to examine more than one year, it is necessary to return two printouts. One is for boys and the other is for girls, and the answers in each table are broken down by year group.

The school and the printout

Few teachers have sufficient time to examine closely every table in the printout. It is usual for some particular topics to be selected, and the health-education co-ordinator may wish to extract them for presentation to colleagues. A proforma is, therefore, included with the returned printout, so that the results of selected questions may be presented separately. The original printout contains more sets of figures than may be needed for many purposes, and clarification of the information in a simplified table can be helpful. This collection of tables, with appropriate comments, can then be circulated among colleagues, perhaps as a preliminary to a curriculum-planning meeting.

Sometimes, a co-ordinator needs help in interpreting the tables, or requests further analyses of the data. The Unit is always ready to lend a hand, whether by

Cross-tabulation of answers to the question “How many hours did you spend doing homework yesterday?” The upper number in each cell is the number of pupils; the lower number expresses this as a percentage of the group. For example, 25 boys (51% of the total group of 49 boys) spent up to one hour on homework.

letter, telephone, or direct discussion. I am well aware that the mass of printout can be intimidating – but as soon as the format is clarified, the relevant information can be extracted readily enough. We do, in fact, issue a comprehensive guide to interpretation. Some critics have suggested that the need for such a guide illustrates a weakness in the service; certainly we are interested in any way of simplifying the presentation, but it is not easy to do this while preserving all the information contained in the analyses.

Follow-up work

Some schools have requested further information to complement the standard cross-tabulations; very recently, a health education co-ordinator asked us to produce tables showing the relationship between the amount of sporting activity and other behaviours. This can be done in two ways: either a small table, similar to the normal cross-tabulation, can be printed, or else the figures representing the answers can be examined for correlation.

Since the Health Related Behaviour Questionnaire is a service to schools, we

are, naturally, interested in the use and application of the results. This is why we send a User Questionnaire some months after the original survey. This asks the school which areas of the curriculum were most affected by the survey results: for example, they may have prompted a change of timing or of emphasis. These responses have helped us to identify little-used questions, or any which could be improved in some way. They have also reinforced our confidence that the great majority of topics covered in the Questionnaire are considered to be appropriate.

Further developments

If a questionnaire is to be useful, it must cover areas of interest and concern, and it must also be prepared with such care that the maximum amount of relevant information can be derived from the responses.

Extensive fieldwork (see *Education and Health*, Vol I No 1, January 1983) preceded the current Version 8 Questionnaire. Our experience gained through coding and studying some 31,000 responses, as well as discussing the results with teachers, has pointed to the need for some revisions. Currently, a team at the Unit is engaged in revising the Version 8 document, and the aim is to produce a new Version 10 Questionnaire by Easter. I hope, in a future article, to describe in detail how some of these changes were prompted.

However, I am aware that some schools may wish to re-examine certain years or cohorts after an interval of a year or two, to compare responses to the same questions. Since it will not be possible to compare Versions 8 and 10 directly, we shall still be issuing Version 8 Questionnaires to any school undertaking such a study.

Schools wishing to use the Health Related Behaviour Questionnaire for the first time, however, should await the appearance of Version 10, unless they are particularly anxious to carry out a survey in the very near future. Further details about the service can be obtained by writing to the Unit.