

ATTACHMENT 5

Report from Work Group 3

TOPIC: SURVEY ADMINISTRATION

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Tasks to be discussed

The group discussion covered general methodologies of sampling, administration, instruments review as well as details of the pilot survey and focus groups.

Sampling

Great variation of sampling approaches was identified during the plenary session ranging from stratified random sampling of individuals, random sampling of households, including interview with all members of individual member or one member of a household, random sampling of territorial units (electoral or census units) combined with quota sampling or random walk. Against this background adoption of standardized sampling procedure needs further consideration.

Age of sample

Age of samples presented during plenary overview ranged from 15+ , 16+, 18+, 18-64 et cetera. The group suggests an 18+ sample considering existing standardised survey instruments, and ESPAD in particular.

Administration

Numerous approaches were reviewed without final recommendation. According to the existing experience, most reliable results may be obtained combining face-to-face interview with self-administration of consumption levels and alcohol related problems. This approach, however, offering high response rate and high coverage of registered consumption is becoming prohibitively expensive in some countries, particularly in high-income countries. Therefore, the second best approach seems to be computer assisted telephone interview which

in turn is not suitable for countries with less extended telephone networks and with high proportion of consumers, particularly young respondents having mobile telephone only.

Alcohol-specific versus health or life-style surveys

It was agreed that alcohol-focused surveys offer higher coverage rates and more comprehensive picture of drinking.

Survey instruments review

It was agreed that the project should collect drinking survey instruments from all EU countries and perhaps related publications. Such a collection would offer an important background in elaborating and adopting standardized survey questionnaire. It was suggested that each project's partner will approach a couple of countries to get most relevant instruments. Division of labour in this regard takes under consideration linguistic and cultural competence of the participating countries:

- TALLIN – ESTONIA, LATVIA, LITHUANIA
- PRAGUE – CZECH REP., SLOVAKIA
- MUNICH – AUSTRIA, GERMANY, SWITZERLAND
- WARSAW – BULGARIA, SLOVENIA, POLAND
- LONDON – HOLLAND, UK
- HELSINKI – NORDIC COUNTRIES
- FLORENCE – GREECE, ITALY MALTA, CYPRUS
- BARCELONA – PORTUGAL, FRANCE
- DUBLIN – IRELAND, BELGIUM, LUXEMBURG
- BUDAPEST – HUNGARY, ROMANIA

Pilot survey

Preliminary discussion was held on pilot sample. It was agreed that purposive sampling could be most appropriate to have large enough representation of different socio-demographic and drinking groups. Following categories were proposed:

Gender

Male - 50%, Female – 50%

Place of residence

Rural – 20%, Town – 40%, City – 40%

Age

18-34 – 40%, 35-64 – 40%, 65+ - 20%

Drinking status

Abstainers – 20%, “Normal drinkers” – 40%, Heavy drinkers – 40%.

Different approaches were discussed how to evaluate pilot instrument:

- focus group discussion with selected participants of the pilot survey,
- qualitative assessment by individual respondents,
- ratings of each question given by individual respondent.

Advantages and shortcomings of all three options were reviewed. The group decided to replace orthodox focus group methodology by feedback sessions with selected participants of the pilot survey