Author's response to reviews

Title: Effect of paper quality on the response rate to a postal survey: A randomised controlled trial

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PDF covering letter
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Dear Sir,  

Re. “Effect of paper quality on the response to a postal survey: A randomised controlled trial”  

Thank you for your helpful comments and those of the referees.  

We have complied with all of these in our revisions (see attached table with all revisions listed). I hope the manuscript is now acceptable for publication in your journal.  

I look forward to hearing from you in the near future.  

Yours sincerely,  

T. J. Clark  
(corresponding author)
Effect of paper quality on the response rate to a postal survey: A randomised controlled trial.
T Justin Clark, Janesh K Gupta and Khalid S Khan.

Point-by-point responses to each referees comments

<table>
<thead>
<tr>
<th>Referees Comments</th>
<th>Authors response</th>
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<td><strong>Dr C Fischbacher</strong></td>
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<td>There is little information about the target population and no information about the relative characteristics of those in the intervention and control groups.</td>
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| The following sentence have been added to the results section on page 4: 
**There were no differences between the intervention and control groups responding as regards postgraduate certification (e.g. Membership of the Royal College of Obstetricians and Gynaecologists (95% versus 93%) and consultant grade (79% versus 75%).** |
| It is not clear why the response rates were so low or whether they have a bearing on the results of the study. |
| Response rates to postal surveys are declining and this is the reason why effective strategies to improve return rates need to be developed. We have added the following sentences to the discussion section on page 4: 
**The low response rate in our survey may have resulted from the content our questionnaire as it enquired about research issues and so it is more likely that those with an active interest were likely to respond. However, any such selection biases should be minimised by the randomisation process and does not therefore affect the internal validity of our findings. The low response to our survey does limit the external validity or generalisability of our findings.** |
| It is not clear how the group allocation could have been concealed from the study participants |
| The following sentence has been added to the methods section (page 3) to clarify this: 
**The participants were not informed of the randomisation to paper quality.** |
| The relative rate of response should have been 0.75 rather than 0.8 |
| We agree and have changed the manuscript (page 4, last sentence to: 
**The relative rate of response to the questionnaire printed on high quality paper compared to standard quality was therefore 0.75 (95% CI 0.53-1.05, p=0.1).** |
| The interpretation of the results is not correct. The study lacks the power to reliably exclude a 15% increase in response rates. The difference in the reponse rates between the groups was 7.3% and the 95% confidence interval for this difference was –1.3% to 16.0%. The |
| We have stated this in the second line of our discussion (page 4) where we said: 
‘Our power assumptions were not borne out by the response rates and some may argue that the apparent lack of an effect may be due to an inadequate sample. However, this would not explain a trend towards a lower response rate in the group allocated high quality paper.’ |
| We agree that the difference in response rates between the groups was 7.3% (95% CI –1.3% to 15%) in favour of standard quality paper. If high quality paper does increase |
results are therefore compatible with a true difference (ie benefit) of up to 16% between the intervention and control groups.

response, then this will be modest (up to 1.3%). Conversely, the results are compatible with a reduction in response (i.e. ‘disbenefit’) of up to 16%.

It would have been of interest to know the relative cost of the intervention.

The following has been added to the discussion (page 5): Given the lack of effectiveness shown in our study and the costs associated with higher quality paper in a questionnaire (approximately 35% increase in costs for higher quality paper - £66 versus £43 for 5 reams (2500 sheets) of A4 size (local National Health Service suppliers)), investigators should carefully consider the use of this particular strategy to improve response rates.

Dr Jean-Francois Etter
No revisions suggested