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Methodological guidelines for the Structured Questionnaires

Date February 2007, updated in October 2007

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1. Introduction

This document aims to provide to NFPs a guidance in order to complete Structured Questionnaires (SQs).

The EMCDDA has introduced Structured Questionnaires (SQs) to collect qualitative information on the strategies and interventions developed by EU Member States to respond to drug-related problems. The two main subjects covered with the SQs are:

- The national strategy developed in a given response field (prevention, treatment, etc.).
- The interventions implemented in that field and the volume of the provision.

2. How the data collection should be organised?

Ideally, a meeting should be organised, gathering NFPs and selected experts, in order to confront the diverse opinions and reach a consensual agreement on the assessment of the situation.

This would guarantee a common working organisation among NFPs in order to ensure a harmonised data collection process and furthermore the comparability of data collected.

The experts should be representative of the various parties/structures/institutions involved in the field covered by the SQ as well as having a knowledge of the level of provision of services in the various regions.

We suggest from example for the SQ on prevention, to select representatives from NFP, ministry of education, ministry of health, drug agency and national prevention expert.....



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This allows to take into account:

- the diversity of actors
- the diversity of interventions and settings.

In case of national limitations, the NFP should be able to provide a comprehensive overview of the national situation engaging into:

- bilateral meetings with experts (based on the same selection criteria as above)
- external email consultations (based again on the same selection criteria as above).

3. How to report the national situation in the SQ?

In the introduction of the SQs, justification, objective and glossary sections provide an overview of its aim and an explanation of specific terms used in the tool or related to the area.

How to report on the data collection organisation?

In the Introduction part of the SQ :

- Under “**Questionnaire completed by**”: the email of the national responsible person for the SQ should be provided.
- Under “**Data sources**”: the data collection method (expert committee, e-mail consultation....), the functions of the consulted persons (NFPs staff, external experts...) and the date of completion of the questionnaire should be stated. Core documents used to respond to the SQ should also be quoted in this section.

4. How to use rankings?

Why rankings?

Without quantitative data, experts committee’s rankings are the best instruments to monitor priorities at national level.

Recent improvements

The EMCDDA improved the rankings used in prior SQs (tools on treatment and harm reduction) through:

- Adopting a common approach
- Using clear questions, concepts and categories
- Specifying methodology in case of equals ranking

Answers/categories



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The new rankings are based on a breakdown depending on the number of different categories to rank and aim at reporting the importance of a given intervention by a specific actor. In case of equal importance, equal rankings can be given to different actors.

An example is given below (based on SQ27):

Which institutions or organisations provide Substitution/Maintenance treatment?

Please also rank the importance of each existing provider of substitution/maintenance treatment according to the number of individual clients reached/treatment episodes. (1 for the most important, 2 for the second most, etc. In case of equal importance by different actors, please report equal ranking for each actor...).

	No	Yes	No info	Ranking	
				(1-4)	No info
Public institutions/bodies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>
Non-governmental organisations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>
GPs, private clinics and other commercial providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>
Other organisations (Which? Prisons)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>
Comment					

5. How to use the ratings?

Why ratings?

Without quantitative data, experts committee's ratings are the best instruments to monitor the magnitude/ volume of interventions.

Recent improvements

In order to overcome past difficulties reported in answering to the questions with ratings, the EMCDDA improved the existing ratings through:

- Adopting a common approach for all existing ratings
- Using clear questions, concepts and categories
- Increasing the number of response categories

Data sources



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Responding to the ratings requires a high level of knowledge of the national situation and we again strongly advise to resort to an experts committee to do this.

Answers/categories

The new ratings are based on a logical framework which allow to provide an estimate of different type of information (concept) according the level of data availability (target unit).

The scale of the rating is divided in 6 different categories.

Categories + Concept : Value + Target unit (specified)			
Full	Provision Coverage	Exists in/for nearly all	Locations
Extensive		Exists in/for a majority of	
Limited		Exists in/for more than a few	Population
Rare		Exists in/for just a few	
No		Doesn't exist	
No info.			

www.emcdda.europa.eu 11 


In the following example, the aim is to assess the provision of a given intervention:

The ratings scale, e.g basic provision rating

Please, assess the provision of XXX **intervention in your country:**

- **Full provision:** exists in nearly all **relevant locations**
- **Extensive provision:** exists in a majority of **relevant locations** (but not in nearly all of them)
- **Limited provision:** exists in more than a few **relevant locations** (but not in a majority of them)
- **Rare provision:** exists in just a few **relevant locations**
- **No provision:** does not exist
- **No information available**

Relevant locations: cities, towns or regions where the size of the target population is sufficient for the implementation of the intervention.

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Interpretation and subjectivity

Some experts committee could wish to refrain from responding to certain ratings because they do not know exactly if the response should fit into one or the next category. The EMCDDA is perfectly aware of these difficulties and will make a interpretation of the data which will reduce the consequences of misclassifications. Therefore we suggest that experts groups refrain from answering questions if they really have no information allowing to respond to the ratings.

To guide experts in their ratings we provide below an indication of the numerical equivalents for the ratings and the related interpretation:

Rating categories			
Rare 1-10%	Limited 11-50%	Extensive 51-90%	Full 91-100%
EMCDDA's interpretation			
Exist	Spread	Widespread	(Almost) Standard

6. How to use the category “No information available”?

In the rankings, ratings or in Yes/No question, the category “No information available” is now always included. Indeed, “No information available” is an information, which provides an information on the level of details available at national level.

7. How to use the comments?

Comments are essential in order to avoid false understanding and interpretation of the data. This is particularly important in the case of rankings or ratings. NFPs are highly encouraged, if they think additional information is necessary or useful, to fill in the comment's section included in all questions:

- a reference
- a publication
- a description of any source of information
- some details on the national situation
- a justification to the answer...

Moreover, a space has been allocated at the end of the SQ to add comments about the tool, or any other additional information.

8. Any doubt, question?

Please don't hesitate to contact the person responsible for the SQ, a “EMCDDA contact” is mentioned at the beginning of each SQ.