Methodological techniques need to be collection such as interviews or focus groups. As with other questionnaire formats, those designing the questions are recommended to follow a series of stages when drawing up statements they will provide for respondents (Henerson et al, 1987).

**Visual analogue scales**
A visual analogue scale (VAS) is a popular choice of response format for a number of reasons. It offers a range of responses and uses language to describe the parameters (also described as anchor points) of whatever is being measured (none at one end, worst possible at the other end).

Since it should also be a line of a known length – usually 10cm (Cline et al, 1992), it is possible to produce a numerical score by measuring the point where respondents mark the line from the bottom or left point (usually the lowest level of the phenomenon being measured). This gives a measure in centimetres or millimetres relating to the mark on the line. Fig 2 shows a vertical VAS.

A VAS can be used to represent many symptoms or states, for example pain or emotions. They have been used in research for many years and information on their design has been gathered. The vertical design is considered preferable (Waltz et al, 1991, cited in Parahoo, 1997), as it gives a natural continuum between no symptoms at the base to the most at the top and avoids potential error in measurement, described as problems with ‘left-right discrimination’. This is where respondents’ marks on a horizontal line are measured from the right instead of the left, for example giving mark of 3/10 instead of 7/10 (Waltz et al, 1991).

**Other methods**
Although many PREMs and PROMs are carried out as questionnaires, this format is not always the best choice for all patient groups. For example, if we consider the ageing population and the drive to deliver care closer to home, there are particular issues for those in the community: they may be housebound and therefore not able to post a questionnaire. Also, for those who cannot read or write, completing a postal questionnaire may not be possible.

In these situations, other formats can be used, including qualitative methods of data collection such as interviews or focus groups. Methodological techniques need to be considered when using these; the temptation to sit with people and read out a questionnaire should be resisted.

**Interviews**
There are several types of interview (Parahoo, 1997). Three of the most commonly used are: structured (using a list of predetermined questions in order); semi structured (interviews based on a predetermined topic list); and unstructured (without predetermined questions or a topic list).

**REFERENCES**

**CONCLUSION**
PREMs and PROMs are becoming increasingly important in the NHS, as they aim to provide insight into patients’ views of their experiences and outcomes. This insight can help nurses to understand the impact of their care and review their practice accordingly.

Many PREMs and PROMs take the form of a questionnaire but it is possible – and sometimes more appropriate – to use other formats such as interviews and focus groups. As patients’ views on quality are a vital part of the information that will be used by healthcare commissioners, it is imperative that nurses use PREMs and PROMs appropriately. Involving patients in the development and selection of these tools is crucial to ensure we ask the right questions in the right way.

An advantage of using interviews is that nurses may be able to gain an in depth understanding of a patient’s outcome or experience and explore issues important to them. They do, however, take time and require skill to plan, conduct and analyse.

**Focus groups**
Focus groups offer an opportunity for interaction between participants which, if well facilitated, may stimulate discussion (Bloor et al, 2002).

Ground rules should be developed and agreed with participants, such as confidentiality, recording, what happens if participants want to end it or if they become distressed (Holloway and Wheeler, 2002).

**FIG 2. A VISUAL ANALOGUE SCALE**

Most symptoms

Not to scale

No symptoms

X cm

**Visual analogue scales**
A visual analogue scale (VAS) is a popular choice of response format for a number of reasons. It offers a range of responses and uses language to describe the parameters (also described as anchor points) of whatever is being measured (none at one end, worst possible at the other end).

Since it should also be a line of a known length – usually 10cm (Cline et al, 1992), it is possible to produce a numerical score by measuring the point where respondents mark the line from the bottom or left point (usually the lowest level of the phenomenon being measured). This gives a measure in centimetres or millimetres relating to the mark on the line. Fig 2 shows a vertical VAS.

A VAS can be used to represent many symptoms or states, for example pain or emotions. They have been used in research for many years and information on their design has been gathered. The vertical design is considered preferable (Waltz et al, 1991, cited in Parahoo, 1997), as it gives a natural continuum between no symptoms at the base to the most at the top and avoids potential error in measurement, described as problems with ‘left-right discrimination’. This is where respondents’ marks on a horizontal line are measured from the right instead of the left, for example giving mark of 3/10 instead of 7/10 (Waltz et al, 1991).

**OTHER METHODS**
Although many PREMs and PROMs are carried out as questionnaires, this format is not always the best choice for all patient groups. For example, if we consider the ageing population and the drive to deliver care closer to home, there are particular issues for those in the community: they may be housebound and therefore not able to post a questionnaire. Also, for those who cannot read or write, completing a postal questionnaire may not be possible.

In these situations, other formats can be used, including qualitative methods of data collection such as interviews or focus groups. Methodological techniques need to be

**REFERENCES**