

A Comparison of Focus Group and One-on-One Cognitive Interviewing for Question Evaluation

There is little debate, at least among US federal survey designers, that cognitive interviewing is the most widely used method for evaluating questions (at least among US federal surveys). There is, however, little consensus among these practitioners as to the standards or criteria that make for quality cognitive interviews (Beatty, 2002; Willis, 2002). Additionally, there are few guidelines that establish “how to do” cognitive interviewing, whether it should include “thinking aloud,” concurrent or retrospective probing, or some combination.

This deficiency has raised skepticism regarding the replicability, falsifiability and, ultimately, the validity of cognitive interview findings. Consequently, in some circles, there has been a call for methodological standardization (Conrad and Blair, 1996; Tucker, 1997). Such suggestions for standardization have included moving from the traditional qualitative design toward a quantitative approach. More recently (and perhaps more appropriately), appeals for better methodological theory have been made, suggesting the incorporation of literature from the disciplines of sociology and anthropology. Such an integration would provide a more solid foundation for dialogue regarding the scientific rigor of cognitive interviewing (Beatty, 2002; Gerber, 1999; Miller, 2002; Willis, 2002). To this extent, even less has been asserted about the actual *analysis* of cognitive interviews. That is, what constitutes a cognitive interview finding? And, how are these findings to be summarized? A methodological theory for cognitive interviewing would need to resolve these yet-to-be-addressed issues.

While cognitive interviews derived primarily from a need within the field of survey methodology to “test questions,” the historical roots of focus groups stem from market research (Cunningham-Burley, Kerr and Pavis, 1999). Like cognitive interviews, there is little consensus over the “right way” to conduct a focus group (Kidd and Parshall, 2000), though there are attempts to distinguish the “focus group” from that of the “group interview” (Morgan, 1996). Despite its lack of scholarly tradition, more and more academics are considering focus groups as a legitimate method to study interaction (i.e. language, word use, rules of interaction and patterns of discussion), and, in the past few years, a great deal of methodological literature on focus groups has emerged for interactional and cultural studies (Barbour and Kitzinger, 1999; Carey and Smith, 1994; Suter, 2000; Wilkinson, 1998).

Perhaps from this growing popularity, focus groups are increasingly catching the attention of those in the field of questionnaire design (Interagency Response Error Group, 2000); however, little has yet to be written on the use of focus groups for question evaluation. In comparison to cognitive interviews, focus groups are seen as advantageous in question testing because they allow for a quick turn around and require lesser cost—two ever-present concerns for survey administrators (Gower et.al., 1999). Because of these very practical advantages, several federal agencies now use focus groups regularly to test survey questions and public-use forms.¹ Still, like cognitive interviewing, there are no standard guidelines for “how to do” a focus group for questionnaire evaluation, nor are there criteria established to indicate what constitutes a focus group finding.

¹ For example, the Internal Revenue Service for tax forms, Department of Defense for surveys questions, Statistics Canada for survey questions.

By focusing on a specific set of questions, the Population Activity Limitation Screeners (PALS), in which both focus groups and cognitive interviews were used as methods for evaluation, this paper will examine these two methods as they contribute to question evaluation. Specifically, this paper will compare the evaluation findings of both methods, characterizing the types of problems found by each method and illustrating discrepancies. It will explore how the two methods could possibly lead to differing conclusions. Through this discussion, the paper will examine the methodological processes and epistemological underpinnings of each method, including the role of the respondent, the relationship of the interviewer to the respondent, the various types of information that can materialize from the method, and how that information can be judged or evaluated. The paper concludes by suggesting when focus group and cognitive interviewing are most appropriate for questionnaire evaluation and points to directions for improving each method.

Methods

This paper stems from a larger cognitive testing project to evaluate a questionnaire for the Joint Canada/United States Health Survey (JCUHS). The primary goals of the evaluation were to 1) identify potential response error, 2) determine interviewer or respondent burden, 3) assess the cognitive processes used by participants to respond to each question as well as to 4) identify the interpretive dimensions of each question and to ensure that these interpretations were relatively consistent across participants.

Cognitive testing for the joint survey consisted of 44 one-on-one cognitive interviews conducted in three locations: 14 interviews conducted in Hyattsville,

Maryland; nine interviews conducted in Ottawa, Ontario; and 21 interviews conducted in rural Mississippi. Four focus groups were also conducted: 2 in Hyattsville, Maryland and two in Ottawa, Ontario. Cognitive methods staff from both the National Center for Health Statistics (NCHS) and Statistics Canada conducted interviews in Hyattsville and Ottawa; only NCHS staff conducted interviews in rural Mississippi.

The protocol for the cognitive interviews was consistent with protocol developed for NCHS Questionnaire Design Research Laboratory cognitive interviews: Interviewers asked participants the proposed survey question as presented on the questionnaire, and participants responded to the question. After a response was provided, interviewers then asked in-depth, emergent probe questions to fully understand how the participant interpreted the question and constructed a response. In the cases where participants were unable or had difficulty in providing an answer, the interviewer asked questions specifically aimed toward understanding the nature of the difficulty. As such, the interviews were semi-structured, based on the particular circumstances of the participant and their perceptions of the proposed question.

The protocol for the focus groups was consistent with protocol used by Statistics Canada. A few days prior to the focus group date, participants were called at home and administered the questionnaire. Participants' experience as survey respondents would be the subject of the focus group. During the focus group discussion, the moderator reviewed each question with the participants and then discussed any problems or difficulties encountered when completing the questionnaire.

The comparative analysis of cognitive interviews and focus groups, the subject of this paper, was conducted by examining the transcribed text from the interviews and

focus groups of the JCUHS project. In order to conduct a focused, in-depth comparison, only one section of the questionnaire was examined, the Population Activity Limitation Screeners (PALS). Those questions for analysis are:

Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

- 1 Sometimes
- 2 Often
- 3 Never

Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:

- ... at home?
- ... at school?
- ... at work?
- ... in other activities, for example, transportation or leisure?

- 1 Sometimes
- 2 Often
- 3 Never

For the comparative analysis of the two methods, the constant comparative method, a standard method for analyzing qualitative data (Lincoln and Guba, 1985; Strauss and Corbin, 1990; Creswell, 1998), was employed using the transcribed text. By comparing and generating categories, analytic themes emerged within the cognitive interviews and focus groups, and these themes could then be compared across the two methods.

Findings of Comparative Analysis

Because cognitive interviews reflect the interaction of two individuals (the interviewer and the interviewee) and focus groups are based on group dynamics, the two methods differ dramatically in structure as well as in the type of information they can access. While cognitive interviews are advantageous for inquiry into individuals' processes in question response, focus groups are beneficial for inquiry into issues

pertaining to the social or cultural dynamics of question design. For example, after conducting cognitive interviews to identify various problems in a set of questions for Spanish speakers, Carrasco (2002) used focus groups to explore alternative wording in Spanish that would be appropriate for those problem areas.

In questionnaire evaluation, in general, however, the issue of what actually constitutes a finding has received little attention. The issue has been more or less attended to by individual interviewers and their particular sense of “what matters.” Directly connected to this sense of “what matters” is the question of *who* is in the role of identifying “what matters”: the cognitive interviewer/focus group moderator or the participant? In other words, who has the authority to assert the problem with the question? Is it the participant who has directly experienced answering the question? Is it the interviewer who has specialized in question-design and has conducted numerous interviews on this particular set of questions? Or is it some combination of the two?

In the comparative analysis of the two methods, this epistemological difference was the most significant difference identified between the JCUHS cognitive interviews and focus groups. While participants in the focus groups most often assumed the role of question analyst, interviewers primarily (though not always) assumed the role of analyst in the cognitive interviews. This critical epistemological difference generated different types of discussions within the two settings and ultimately lead to different, sometimes opposing, conclusions regarding the PALS questions.

In both cognitive interviews and focus groups, the introductory statement and participation guidelines, from the onset, define participants’ roles and, inevitably, establish the position of authority for the question evaluation. However, focus groups,

typically, are set up such that the participant is placed in the authority role; the primary responsibility for the focus group participant is to give an opinion. For example, Gower et. al. (1999) note that focus groups are “particularly good at soliciting helpful suggestions about ways to improve questionnaires as well as specific questions and response categories.”

In the JCUHS focus groups, participants were told to consider all opinions valid and to withhold interruptions or speaking over others. Because these rules were defined before any discussion took place, participants were, from the beginning, placed in the role of valid opinion-giver. Consequently, the vast majority of discussion in the focus groups was of opinions—what was wrong with a question and how it should be changed; there was little discussion regarding participants’ actual experience answering a question. This is illustrated in the following text:

Moderator: The first set of questions begin with, “The next few questions deal with any limitations in your daily activity caused by a health condition or problem. For these questions, long term conditions refers to conditions that have lasted or are expected to last six months or more. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities? Sometimes, Often or Never? Was that an easy question to answer?”

Many Participants: [Unable to discern]

Moderator: [Pointing at Participant 5] Let him go first.

Participant 5: There were too many conditions. Senior citizens might have trouble, like I did, keeping all of those words in mind. If it didn’t affect you then it was easy. Cause the only one that affected me was the hearing. But if the other items affected me... that would be six or seven words. That’s not easy to... after you finished talking.. to bring to your mind what all of those seven words were. So it should be broken down.

Moderator: Good. Thank you.

Participant 7: I didn’t have any difficulty with them because when she said something about limitations, I don’t have any limitations. So of course it was very easy for me to answer. But for each person that answered it, I mean, there might have been limitations. So of course, whatever doesn’t apply to me might apply to someone else....

Participant 5: It's ok with a good group like this—with a good memory, but you have to ask questions so that all people can answer—a population of someone who is a little slow, somebody who is quite old and in between.

While cognitive interviews also hold the potential for situating the participant in a role of opinion-giver, the structure of cognitive interviews can also provide insight into the ways in which participants interpret and consider a question. With thought processes at the center of the investigation, the cognitive interview places the participant in the role of subject whose actions and thought processes are examined by the interviewer.

Opposite the participant-as-analyst relationship that underpinned the focus groups, the one-on-one interaction of the cognitive interviews provided the ability to observe participants' thought processes and interpretations that could then be analyzed in conjunction with the other interviews. In this capacity, the interviewer was the analyst, not the participant. The following passage, an excerpt of a cognitive interview in which the same question is examined, illustrates how (in contrast to focus group participants), the cognitive interview participant assumed the position of subject:

Interviewer: Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning, or doing any similar activities...Sometimes, often or never?

CI Participant: It's all in one block? [The interviewer nods, and the participant pauses to consider his answer.] Like hearing for instance would be a problem. Like if there's background noise I really have to... be very careful. OK - that would be one restriction. Upstairs, due to the fact that I've been through the bypass [surgery], I cannot plan my... I cannot run up and down, because I have a two-story house. I have to think of things, like I cannot just, I forgot it upstairs, run upstairs and come back down... and I got the wrong thing then go again. I kind of have to plan a few things.

Interviewer: OK.

CI Participant: So it's not like.... It's sometimes.

Interviewer: Sometimes?

CI Participant: Well, it was sometimes...[gesturing that he would like the response categories read again]?

Interviewer: [The categories are] sometimes, often, never.

CI Participant: I'd say sometimes.

Interviewer: OK.

CI Participant: Once is "sometimes," because it's not "often." Now I may, knowing my restrictions, decide not to do something. If you take that into account, then it would be often, but...

Interviewer: Like what, what kind of things are you thinking about that you would restrict?

CI Participant: Well, I had to dig a hole... a one-meter hole to put a post in. I knew I could not do that, so I asked somebody to help me.

When the participant's thought processes are the subject of analysis, the interview provides insight into 1) the types of activities that could be considered (e.g. "running up and down the stairs," but not digging a hole—an activity that he decided not to do because of his limitations), 2) potential interpretations of the question and its response categories as well as 3) the ways in which respondents may actually construct their answers. The following excerpt of the same interview illustrates how this participant concluded that the most appropriate answer would be "sometimes":

CI Participant: Hearing for me would be... would fit great in that. But I have no difficulty seeing, and no difficulties communicating, no difficulty walking....

Interviewer: OK - In thinking about all these activities though, hearing sounds like that resonates with you....

CI Participant: That part is often. OK - and that's because when there's background noise...Oh yeah, if I, like if I'm in a - well, if I'm a room with lots of people that are talking... I'll have to ask people to [speak up].

Interviewer: And then also climbing stairs, that....

CI Participant: Well that would be sometimes.

Interviewer: Sometimes?

CI Participant: Because, uh - I, I have to do some planning in that.

Interviewer: OK. So now, you had in answering that whole question, you had said "sometimes."

CI Participant: Yes, because... hearing is often if there's background noise, climbing stairs would be more sometimes because I do some planning. But there was, there is not so much with bending.... I have no problem bending.

Interviewer: OK. OK and so you just kind of took an average and that equaled sometimes?

CI Participant: Yeah, well, well since you covered so much ground, I kind of averaged everything.

With numerous cognitive interviews, like the one in the above passage that reveal participants' thought processes and interpretations, it is then possible to compare across interviews. There may be several ways in which participants construct answers, and the interviewer, as analyst, can identify these patterns.

For example, in the analysis of the cognitive interviews, it was found that, because of the complexity of the question and its characteristically diverse activities (i.e. hearing, seeing, communicating, etc.), respondents considered and ultimately calculated their response one of three different ways: 1) considering the question as an overall health question and taking an average of the difficulty in the listed activities (as did the participant above who answered “sometimes”), 2) finding one activity that poses a problem and then assessing the difficulty of that particular activity, and 3) completely ignoring the listed activities and considering some other activity or condition. Those who used the latter method did so because they were unable to grasp the entire question-- even when it was repeated—and so considered some realm of their health situation to which they could relate.

When the interviewer is analyst, it is also possible to determine if a certain pattern of calculating an answer elicits a specific response, indicating potential response bias in the question. In the analysis of the PALS cognitive interviews, for example, it was discovered that those who were likely to use the first method (taking an average) were those who had multiple health conditions and, consequently, had difficulty with more of the listed activities. For these participants with many types of difficulties to consider (like the participant from the above passage), it was easier for them to “take an average,” responding in the extremely broad, middle ranged answer: “sometimes.” Contrastingly,

those who were likely to use the second pattern had relatively few problems and so could easily identify and assess the one particular activity of which they had trouble. For example, this 23 year old participant had indicated in an earlier question that she was in “very good physical shape,” yet because she had a learning disability and was in school, she felt compelled to answer with the more extreme answer, “often”:

I can walk up stairs no problem.... But the learning one, I guess that's where I'm like why does that have to be [in there]? I have a learning disability, so of course yeah it affects me all the time to a certain extent, even though I've learned to, to like deal with it.... It's not a problem in my life, but just in the fact that I've had to learn how to deal with it, it's obviously a big part of my life, right?

Like this young woman, those participants who were affected by only one activity tended to judge that activity alone and, consequently, were more likely to respond with a higher answer (in relationship to their “real” difficulty) than those with multiple difficulties who were compelled to take average (“sometimes”) in order to form an answer.

Because of the structural differences between focus groups and cognitive interviews, not only the process for evaluating a question differs, but also the authority for who discerns the problems with the question differs. Given the differing interactional patterns and epistemological underpinnings, it is not surprising that the two methods would provide incongruous findings. The remainder of this paper describes the finding differences between the cognitive interviews and focus groups. Additionally, it will illustrate how these differing conclusions stem from the underlying interactional and epistemological compositions of the two methods.

Evaluation differences between focus groups and cognitive interviews

In comparing the text from both interviews and focus groups, five differences between cognitive interviews and focus groups emerged that lead to differing (sometimes

opposing) conclusions; these differences stem directly from the interactional and epistemological differences that underlie the two methods. Specifically, because focus group participants assumed the role of valid opinion-giver, the basis of those evaluations differed from the cognitive interviews (where the interviewer operated primarily as the analyst). The following presents those five dimensions identified in the comparative analysis:

1. Differing priorities of the participant-as-analyst: In cognitive interviewing a primary goal of the interviewer is to examine how the participant negotiates the four stages of question response as well as to examine whether the question has been interpreted and answered accurately. The focus group participant, who has no previous experience in question design or in the cognitive processes of question response, is not likely to be aware of or hold these same priorities for the questionnaire. A primary issue expressed by the JCUHS focus group participants, for example, was that the 15 minute questionnaire was too long. One of the American focus groups, from the very beginning of the evening, stated without hesitation that the length of the questionnaire was a problem:

Moderator: What did you think of the survey?

Participant 2: It was long, boring and tedious

Participant 6: On a scale from one to ten, it was a minus six.

Participant 1: Most Americans don't like a lot of questions. Short! Everything is short!

Participant 2: We're busy! We got a life!

Participant 1: Everything is express. Quick. Like microwaves. Everything is fast!

This understanding, then, set the stage for how they would evaluate the PALS questions, which were discussed in the beginning of the focus groups session. Any suggestion to

break the question apart was, for the most part, ultimately dismissed because that would lengthen the questionnaire.

Furthermore, because participants are unfamiliar with question-response processes, their reasoning for reaching a conclusion often differed from that of a more experienced practitioner. For example, this focus group participant disregards the option to break the question apart because she erroneously believes such a change would not affect the way respondents would answer the question:

I don't see how you could possibly answer it any differently, you know, whether it's a good answer or a bad answer, breaking it down. You would get the same answer if you have a problem--- if you have a problem regardless of whether or not [the question writers] would break it down. If you have that problem you are going to answer it anyway, whether it's together.

Another participant suggests that it would be wise to omit the activities altogether on the grounds that they are not inclusive enough:

I think you need to just take those seven words out and just ask a general question. Because if you put those in then you are forgetting some difficulties that some people might have. And then, they are going to say "no" because their physical condition isn't in there.

She does not realize that the intention of the listed activities are to provide cues to respondents who, more than likely, will omit themselves from questions unless they are cued otherwise.

Contrary to most focus group participants' claims that the question (as it was) would not generate enough problems to rationalize a change (especially one that would lengthen the questionnaire), analysis of cognitive interviews found that the length and complexity of the question contributed a significant amount of response problems. These problems included question bias (as described earlier) as well as interviewer and respondent burden. In the cognitive interviews, participants were often unable to respond

immediately and correctly when first asked the question. Many participants needed either the question and/or the response categories repeated before they could provide an answer; they could not retain the entire list of diverse activities along with the response categories to generate an answer. In the end, because cognitive interviewers held no concern about questionnaire length, but had great concern over the response problems caused by the question complexity, it was recommended that the question be broken out among the various activities.

2. Universalization of personal experience: In focus groups, participants were more likely to speak for others, using their personal experience to make universal claims about the problems and necessary solutions for a question. Unlike the cognitive interviewer, who had conducted multiple interviews and consequently could examine the consistency (or lack of consistency) across multiple perspectives, focus group participants assumed (in fact, were told) that they “represent” the voices of others. This understanding, then, led focus group participants to consider how others would think and, consequently, reached conclusions that interviewers would not make. One focus group, for example, contemplated whether the question would work if no activities were listed. The discussion led participants to make universalized claims about the general public’s understanding of personal health and physical limitations:

A person knows... everybody knows that if you’re not well or... Everybody knows what their physical difficulties are, so they can just tell you.

Another participant suggests:

[The question should be] “Do you have any physical difficulties?” I think that would clear it up because everybody knows what’s wrong with them... if there is something wrong with them or if there’s nothing wrong with them... it’s just, “I’m fine.”

The moderator, who had also conducted cognitive interviews and, therefore, realized that the group was possibly over-simplifying various conceptualizations of health and disability, intervenes:

Moderator: One problem we might have with that is for instance, if someone wore a hearing aid, would they answer “Yeah, I have a physical difficulty.”

Many people answer: [They should.] [Yeah.] [Yes.] [Sure.] [Why not?]

Participant (Voice emerging from the group): If you’re going to tell them that you are doing a survey. And they know they’re doing a health survey. Of course there should be a yes answer.

Contrary to the group’s conclusion, however, it was not always clear to cognitive interview participants what conditions should be included, even though they did know it was a health survey. Many participants did not include hearing aids and eye glasses, though a few did include them. This 27 year old man, for example, answered “sometimes” because he included his glasses:

Interviewer: Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning, or doing any similar activities? Sometimes, often, or never?

Participant: Sometimes.

Interviewer: Sometimes?

Participant: Yeah, just with one of them... which would be seeing, obviously. I need glasses... to read.

Additionally, some cognitive interview participants did not think of themselves as having physical difficulties because they have rearranged their life (as did the participant who did not include digging a hole) to avoid troublesome activities. Because cognitive interviewers had insight into these perspectives, they would not conclude simply that “everyone knows what is wrong with them.” Rather, insight from the cognitive interviews (where the interviewer is analyst) illustrates the need to consider the fact that

interpretations of “what constitutes a disability” varies among respondents, and this variation impacts the quality of the measure.

3. Outsiders’ experience brought into evidence: As opposed to the cognitive interviews that focused on individuals and their thought processes, focus group participants were more likely to incorporate the experiences of others (or at least how they understood others’ experiences) into the discussion. This second-hand information was often brought into consideration by the focus group participants to provide evidence and make claims about a question. For example, in one focus group, the experiences of others helped participants reach the conclusion that the response categories were not only adequate, but beneficial:

Moderator: What about the response options on this question? They are “sometimes, often, or never.”

Participant 8: I think it should be yes or no. “Do you have any difficulties? No!”

Participant 7: I think that [the categories are] very valid. Because if you have difficulties at all, sometimes you don’t have it every day or every month or something of that nature. So of course you answer it according to how you deal with it, or how it deals with you.

Participant 5: I agree.

Participant 1: Yeah, because some people... like some people with arthritis. For instance, my grandmother has arthritis and some days she feels better than others.

Participant 7: Exactly.

Participant 1: So you’ll have to... yeah, that makes sense because, yeah.

Moderator: So you like having more than two categories?

Participant 1: Right, more than two categories because some people... [It’s] dependent upon there illness or situation.

In cognitive interviews, by examining multiple participants’ experience with the question, it was found that the response categories did indeed contribute to question-response problems. Focus group participants, for example, did not pick up on the fact that the question is presented in a yes/no format, yet the response categories are “sometimes,” “often,” “never.” This was extremely clear to cognitive interviewers as

some participants interrupted the interviewer before the response categories could be presented, responding consistently with the root of the question--“yes” or “no.”

Cognitive interviews also revealed that the three category response options, which were interpreted essentially as “never,” “all of the time” and “anything in between,” added to participants’ difficulty in forming a response. The category “sometimes” was understood relatively broadly (even “once” was considered “sometimes”), and those participants who had very occasional or minimal problems tended to struggle with the choice between sometimes and never. The interviewer, then, was in the position of needing to decide whether to intervene by 1) suggesting that minor problems (such as nearsightedness) should not be included, 2) asking more questions to assist the participant in making a decision, or by 3) passively allowing the participant to talk through their health problems and form decisions on their own-- which, in some cases, took a while or was simply impossible for the participant. Finally, it was also found from cognitive interviews that because the categories are not listed in the order of frequency, there is potential for response error; some participants assumed that the categories decreased in degree from most difficulty to least difficulty and, therefore, confused the meaning of the terms “sometimes” and “often” and responded incorrectly to the question.

4. Power in the Collective Group: A common noted drawback in focus groups is that, given a chance, the group’s collective voice can overcome the voice of one, even a well reasoned participant. It is the responsibility of the moderator to maintain equal participation—to allow for every opinion—but this is not easy and does not always occur; group dynamics can often overcome the voice of one (Diwan and Littrell, 1996; Dykema, 2000). It is often the case that the question poses a problem to only a minority,

for example the less educated or the elderly, and it is critical, especially in questionnaire evaluation, that these perspectives are considered. In national surveys that will calculate estimates for the entire population, it is essential that questions are accessible to all. However, as was the case with the JCUHS focus group participant who advocated the position that the question with the listed activities be broken down, group dynamics easily squelched this marginal view.

Because focus groups are one-on-one, such group dynamics do not occur; the interviewer as analyst is necessarily the judge of information and can account for marginal representation when assessing the difficulty of the problem. As it turned out, this focus group participant's experience was similar to many elderly and less educated cognitive interview participants; many participants could not comprehend the entire question upon the first reading. Yet this point could not be explored in the focus group nearly to the extent that it was in the cognitive interview.

5. Brainstorming. Often focus groups are used to generate lists so that researchers can know the potential pool of understandings that *could* coincide with a particular word or phrase. This, of course, is contradictory to what occurs in a one-on-one cognitive interview where the focus of the discussion is about what the person *is* actually thinking. While it may be important for questionnaire designers to know the potential pool of meanings that could be attributed to a particular question or word, the brainstorming activity could also lead to false conclusions when applied to the type of question evaluation conducted for the JCUHS. For example, in the follow-up question, "Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do at home," the focus groups were asked to brainstorm the

interpretation of the term “mental disorder” to ensure that the term was as comprehensive as researchers intended. This led to an exhaustive list of potential interpretations:

Moderator: The question also used the term mental condition. What does that mean to you?

Participant 8: I guess depression

Participant 3: Schizophrenia

Participant 1: Schizophrenia

Participant 3: Bipolar disorder Mental problems... there are a lot of things that could pop up on that.

Participant 1: Mentally... that could even be alcohol problems.

Participant 8: Yeah. I was going to say alcohol and drugs for mental. That could be a lot of stuff.

Participant 5: That’s mental.

Participant 3: Like I said, that could be a lot. You cannot pinpoint it to a specific category.

Moderator: Did everyone consider this when answering the question?

Group: [Yes.] [Sure.] [Yeah.]

This was actually the opposite of what was discovered in the one-on-one cognitive interviews: participants tended to not even hear or consider the word “mental condition” and only focused on physical limitations. One participant who suffered from Obsessive Compulsive Disorder, for example, did not consider this disorder—which greatly affected his life—as a mental condition. He thought of it as a “work related condition.” When “mental condition” was considered, it was generally with conservative interpretation, such as schizophrenia; no participant indicated that they would include a drug or alcohol problem.

Shifting Authority: Participant Analysts in Cognitive Interviews and Participant Subjects in Focus Groups

It would be inaccurate to conclude that focus groups categorically place participants in the role of analyst while cognitive interviews place them in the role of subject. In reality, these positions can shift, even in the middle of an interview or focus group. Indeed, the participant who argued to break down the first question attempted to

express his experience answering the physical activity question. It is not clear whether or not the moderator could have probed further to delve into his experience given the context of the group discussion.

Similarly, at some point in almost every cognitive interview, participants took over the role of analyst. For example, this passage is a very typical excerpt from one of the cognitive interviews:

Participant: In other words to me, that question is way too, uh, too global to give you information that you could sort out and use properly or use - I wouldn't...

Interviewer: You think it needs to be broken down.

Participant: Well - yeah because, yeah there's, it covers too much, implies too much.

While it is often impossible to keep participants from offering an opinion, in some cases, it is the interviewer who turns over their position of authority through certain types of probes that he or she asks. The participant is given authority when the interviewer asks the following:

1. hypothetical questions (e.g. If you had cancer, would you have answered “yes” to this question?)
2. for an assessment of the question (e.g. Do you like this question? Is this a good question?)
3. for advice on how to re-write the question (e.g. What would be a better way to say this question?)
4. how other people would answer or interpret the question (e.g. Do you think a disabled person would answer “yes” to this question?)

When cognitive interviewers ask these types of questions, the interview necessarily shifts from a focus on the individual's thought processes to a focus in which the participant assumes the role of analyst, giving predictions, opinions, advice, or judgment about the question. It must be considered whether or not this type of information (participants'

opinions and assessments) is “good data,” that is, evidence to base judgments about the evaluative quality of a question.

Conclusion

Because cognitive interviews reflect the interaction of two individuals (the interviewer and the interviewee) and focus groups are based on group dynamics, the two methods differ dramatically in structure and, necessarily, in the type of information they can provide. With differing interactional patterns and epistemological underpinnings, it is not surprising that the two methods would provide incompatible conclusions for the JCUSH evaluation. For this project, the cognitive interview data was deemed “better” or more valid, and recommendations were based more heavily on cognitive interviews than on the focus groups.

This is not to say, however, that cognitive interviews are the best and only method for question evaluation. Indeed, there are some research agendas that would call for a focus group analysis. Clearly, more discussion needs to occur about the appropriate uses of cognitive interviews and focus groups, and how each method’s assets can best contribute to questionnaire evaluation. Using one or the other method because of habit or because it appears most economical is not optimal. In assessing the best method for question evaluation, it appears that cognitive interviews are especially adept for analysis into the stages of question response and the process individuals go through as they respond to survey questions. However, interviewers’ use of some probe questions can shift the epistemological basis of the interview, thereby hindering this asset of the cognitive interview. It appears that focus groups, because of they are based upon group interaction, are particularly beneficial for inquiry into issues pertaining to the social or

cultural dynamics of question design. For example, a focus group might be the most advantageous method to better understand the way cultural groups understand a particular phenomena so that questions can be more inclusive.

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