

ORAL PRESENTATION**Open Access**

Use of home visits increases data completion and retention in studies involving family members

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From 3rd International Clinical Trials Methodology Conference
Glasgow, UK. 16-17 November 2015

Background

Previous research indicates that health and well-being is adversely affected in family members of a child with a health condition but the practical aspects of recruiting, retaining and collecting data from family members are not well reported.

Using data from a cross-sectional observational study, we looked at whether use of home visits had an effect on the data completion and retention of family members.

Methods

Various recruitment and data collection methods were used in the study including an option to conduct home visits with the families.

549 families living with a child with ADHD, and 123 families without any children with ADHD (control) were recruited.

Results

When a home visit was conducted 84% of questionnaires were completed, compared to 59% when no home visit was conducted ($\chi^2 = 51.194$, df = 1, $p < 0.00$).

A binomial logistic regression model included home visit, presence of ADHD and employment as significant variables, though the effect of employment was negligible.

In regards to data completion, a home visit increased the likelihood of completing the primary outcome. When a home visit was conducted 96% of children completed the CHU-9, compared to 90% without a visit ($\chi^2 = 12.300$, df = 1, $p < 0.00$) and 85% of adults completed the EQ5D with a home visit, compared to 69% without ($\chi^2 = 37.038$, df = 1, $p < 0.00$).

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Discussion

Retention and data completion was better in families that received a home visit, particularly in families where there was a child with ADHD.

Published: 16 November 2015

doi:10.1186/1745-6215-16-S2-O24

Cite this article as: Biggs and Cooper: Use of home visits increases data completion and retention in studies involving family members. *Trials* 2015 **16**(Suppl 2):O24.

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