Postal questionnaires are frequently used in research. One way of improving response rates is to use lotteries, although the evidence for their effectiveness is equivocal. An alternative, or complementary, approach to using lotteries is to make direct payments to survey responders. Few trials have evaluated direct payment compared with lotteries.

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significantly increase response rates (odds ratio = 1.22, 95% CI 0.91 to 1.62, p = 0.19).

After pooling the lottery and non-payment groups, the response rate was 67.6% in the payment group compared with 56.1% in the non-payment group (diff = 11.5%, 95% CI 4.7% to 18.3%). 83% (140 of 169) of respondents completing questionnaires accepted payment, 29 respondents declined payment. Table 1 shows the cost per sampled woman and the marginal cost per completed response. The means by which these costs were calculated is explained in the footnotes.

There were no differences between the direct payment and non-payment groups in mean age (diff = −0.6, 95% CI −1.8 to 0.6 years, p = 0.32) or level of educational qualifications (Mann-Whitney U test p = 0.83). The direct payment group had lower ever HRT use compared with the non-payment group (diff = 8.5%, 95% CI of difference 0.0 to 16.9%, p = 0.056).

Comment

The use of a £5 direct payment incentive increases absolute response rates by 12%. However, like other studies, a lottery did not significantly increase response rates. The marginal cost per extra response using a £5 incentive was four times that of the control group. Whether this extra cost is worthwhile may depend upon whether increasing response rates leads to a more representative sample. In this study, more non-users of HRT responded to payment suggesting that payment had a larger impact among women for whom the questionnaire had a lower interest (that is, non-users of HRT).

It seems that direct payments may be more effective than lotteries and payment may preferentially increase response rates among women with least interest in the subject of the survey. These findings were obtained in middle aged women and may not apply to other populations.

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