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THIRTY-FIVE CENSUS INTERVIEWERS
REPORT ON THE HEALTH INTERVIEW SURVEY

SURVEY RESEARCH CENTER
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ABSTRACT

Thirty-five National Health Survey interviewers, selected on a non-random basis, were asked about their reactions to their interviewing jobs. This report describes the answers they gave.

The interviewers generally expressed positive attitudes toward their jobs, and appeared to be highly motivated to obtain accurate information. The most frequently mentioned appeal of the job was coming into contact with other people. To specific questions about job disadvantages two answers stood out: having to go into dirty homes or bad neighborhoods and having to put up with such hardships as bad-weather driving.

They also reported the reaction of their families to their interviewing job was very favorable. Families especially like the fact that the job provides something interesting for the interviewers to do.

Even in response to specific questions, few aspects of the interviewing procedures came in for consistent criticism, although the questionnaire itself evoked some comment about its length, repetitiousness, and the difficulty respondents had in placing events in time.

Most interviewers thought the advance letter was useful, because it makes it easier to get in the door and gives some explanation of the survey and its purposes. Few comments were made about the accompanying brochure, in part because a number of the interviewers were not familiar with it.

Finally, interviewers were asked about the feelings of the respondents. One-third of the interviewers said respondents generally like the interview; one-sixth said respondents dislike it. The most enjoyable aspect for respondents was said to be the chance to talk with someone. The most disagreeable aspect of the interview was said to be reporting personal demographic information. Interviewers were divided fairly evenly on whether they thought respondents preferred interviewers to be friendly or businesslike; but interviewers prefer the businesslike approach themselves.

More extensive analysis of these data will appear in a separate report.

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FOREWORD

This report presents one part of the analyses made by the Survey Research Center of The University of Michigan to the National Health Survey, United States Public Health Service, as fulfillment of contract No. PH.86-64-37. The research reported here was a cooperative undertaking of the National Health Survey, the Bureau of the Census, and the Survey Research Center. The analysis presented was carried out by Charles F. Cannell, Floyd J. Fowler, Jr., and Kent H. Marquis, assisted by Sandra F. Myers, of the Survey Research Center. The statement below is a general overview of the research project which was the source of the data discussed in this report.

The objectives of this study were:

1. To identify major variables which are related to accuracy of reporting of health information in the National Health Survey, household interview.
2. To gain sufficient insight into the dynamics underlying those variables that they can be manipulated.

There were four steps in the data collection procedure. First, thirty-five interviewers from six Bureau of the Census Regional offices were observed while carrying out their usual NHS-HIS interview assignments. The observers, using an observation form specifically designed for this study, were Census interviewers who had been specially trained to use the form. Second, after each interview, the health interviewer was asked to fill out a brief report on the respondent and the interview. Third, on the day following the health interview, a SRC interviewer who had been sworn in as

a Special Agent of the United States Public Health Service*, returned to the home and interviewed the principal respondent about the health interview: the information and attitudes he had about it. Fourth, when all observations of a given health interviewer had been completed, this special interviewer interviewed her about various aspects of her job and her reactions to various procedures and types of interviewing situations.

FIGURE 1

Chronology of data collection in a typical week

	Monday	Tuesday	Wednesday	Thursday
Health Interview	Group A	Group B	Group C	Rest of Group C if necessary
Observation	Group A	Group B	None	None
Self-enumerative form on respondent	Group A	Group B	None	None
Special Interview	None	Group A	Group B	None
Interview with interviewer	Any time after observation of health interviewer's work has been completed			

Group A Those respondents in regular NHS sample who could be contacted on Monday for health interview.

Group B Those respondents in regular NHS sample not contacted on Monday but contacted and interviewed on Tuesday.

Group C Those respondents in regular NHS sample who could not be reached on either Monday or Tuesday.

* The reason for this was the need to maintain the confidentiality of the NHS interview.

Figure 1 presents the standard data collection procedure in a given week. Occasionally an observer or special interviewer worked an extra day if too few interviews were made during the allotted two days. As Figure 2 indicates, the study was carried out in six Regions for six weeks. The study was designed to obtain data on 12 respondents for each interviewer. In one case, however, the health interviewer became ill and no data were collected on her assignment. In several others, some dwelling units were unoccupied resulting in a reduced number of obtained interviews.

FIGURE 2

Number of interviews obtained in final sample by week and region

Week	Region						
	Atlanta	Charlotte	Chicago	Detroit	New York	Phila- delphia	Total
May 4-10	15	12	11	14	13	14	79
May 11-17	12	14	8	12	9	11	66
May 18-24	13	11	14	11	12	12	73
May 25-31	9	9	9	12	15	13	67
June 1- 7	14	10*	10	14	0	15	63
June 8-14	4	14	14	10	11	11	64
Total	67	70	66	73	60	76	412

* Interviewer from Chicago region substituted, no Charlotte interviewer available.

A total of 478 interviews were observed. Thirteen of these respondents refused to be reinterviewed and 53 could not be reached by the special interviewer during the two days in which she was to work, leaving 412 respondents for whom complete information is available.

Population estimates cannot be made from this sample for several reasons. First, the sample was drawn only from the area east of the Mississippi, with the extreme Northeast excluded. Second, those respondents who are most difficult to reach are somewhat underrepresented. However, the sample is quite comparable to the population in a number of respects and is representative enough for the two purposes for which it was designed: to suggest major tendencies in respondents and to provide data for examining relationships between respondent characteristics and behavior.

INTRODUCTION

As part of a methodological study on reporting accuracy, the Survey Research Center (SRC) conducted an interview with each of 35 experienced National Health Survey-Household Interview Survey (NHS-HIS) interviewers employed by the Bureau of the Census. These interviewers, from six Census regions, were selected because the scheduling of their regular NHS assignments fit other requirements of the SRC study design.* However, they appear to be fairly representative of all interviewers in the regions from which they were selected.

Interviews were conducted by members of the SRC field staff who have had extensive training and experience in conducting attitude interviews and who, in addition, received special training in the administration of this particular questionnaire.

The interviews were obtained after the NHS-HIS interviewer had completed all other aspects of her participation in the SRC study. They were conducted under a variety of conditions and ranged in length from about 30 minutes to two hours. The NHS-HIS interviewer was told that her answers were completely confidential and that data would be presented in such a way that no single interviewer could be identified. Answers were recorded verbatim by the SRC interviewer and coded by trained SRC coders.

This report organizes and summarizes the comments of this special group of interviewers according to three major categories of questions: questions about the interviewer's job, her respondents, and the instruments used for the survey.

In general, the data reproduced in this report should be interpreted with caution since the interviewers in the sample are few and were not selected randomly.

* A full description of the study design and methodology will be found in a separate report.

II

INTERVIEWERS' DESCRIPTION OF THE JOB

In any study of the factors that contribute to some type of production, it is important to know how the individuals involved in the production view their jobs.

This study is aimed at quantifying the perceptions of interviewers, those people who are very closely involved in the "production" of health data.

A. The Interviewer

When the 35 interviewers were asked what they like most about their work, most volunteered that they enjoy the opportunity to meet and talk to people. Their comments indicate more of a curiosity about others than an interest in friendly conversation with them. For example, one interviewer commented:

"I like meeting people, all kinds of people. Strange as it may seem, I find meeting the lowest income groups interesting. I never knew what they were like and I find them cooperative and so nice."

Other interviewers make similar comments, some of which appear here:

"Meeting all kinds of people -- all types. I like to see how they live."

"I like meeting people. I feel every door I knock on is a challenge as to whether I get in or not."

"I like meeting people, talking with them."

"Meeting the different people, I enjoy that."

Table 1 summarizes what the interviewers like about their jobs.¹

TABLE 1

Q.26. All jobs have some things that are enjoyable and other things that we don't like; what things do you like best about interviewing work?

<u>First Answer</u>	<u>Second Answer</u>	<u>Content</u>
27	3	I enjoy meeting people
3	5	I enjoy flexible hours
0	7	I enjoy traveling
4	5	Other*
1	1	NA
-	14	No second answer
35	35	

*"Other" includes doing something important, getting out of house, money.

When specifically asked to mention what they like least about interviewing, two categories of responses stood out: (1) going into dirty homes or bad neighborhoods and (2) physical inconvenience or hardship. The response patterns of the interviewers are quite similar:

"Going into filthy homes that have cockroaches and driving at the busy hours for evening calls."

"Traveling in bad weather conditions, icy roads, and working in dangerous slum areas."

"Rural areas: no place to eat and no bathrooms."

"Traveling in bad weather up and down these hills. (Anything else?) Let's see, how can I state it? I've gotten concerned about some areas where the racial problem is strong. This is only in the last few months, but it's getting worse. In one of my surveys I had a block of Negro prostitution houses, and it was rough. You just can't tell what you're getting into when you knock on a door, that's the problem. In some areas it can be dangerous. These lonely country roads -- there's no help within miles -- I feel I've been very lucky."

¹Because of the small number of interviews, all responses are shown in numbers of interviewers rather than in percentages.

The interviewers occasionally complain about time and production pressures in connection with their jobs. This category of responses was coded eight times from the 35 interviews. One of these eight interviewers pointed out:

"The Census Bureau doesn't give you any consideration for effort. You can put forth the best effort trying to find a respondent but it is only production that counts. . ."

Another echoes:

". . . The griping from the office when you're doing the best you can. I dislike being criticized for type A noninterviews which are not my fault."

Table 2A exhibits a more detailed account of the dissatisfactions mentioned by the interviewers.

TABLE 2A

Q.25A. What things do you like least about your job?

<u>First Answer</u>	<u>Second Answer</u>	<u>Content</u>
8	8	Physical inconvenience
10	1	Dirty homes, bad neighborhoods
4	4	Time or production pressures
12	6	Other*
1	1	NA
-	<u>15</u>	No second answer
<u>35</u>	<u>35</u>	

*Imposing on respondents, excessive work, insufficient work, etc.

Elaborating on another question, 22 interviewers contributed 26 things which they felt were annoying enough about their job requirements to warrant change. Judging from the replies, the necessary but time-consuming sampling procedures (including callbacks) draw the most negative responses. If it were feasible, several interviewers wish they could modify or eliminate callbacks, and several more want to eliminate the hazardous or slum areas altogether from the sample. The rest complain about supervision, the amount of work, and other miscellaneous facets of their jobs. Table 2B depicts their remarks in

greater detail. All relevant remarks have been included and roughly classified into four categories. If a remark occurred more than once, this is indicated in parentheses following the remark.

TABLE 2B

Q.26b. If you were to make changes to make your job better, what would you change?

Callbacks

Skip them (mentioned twice)
Use substitute households
Use your own judgment on them
Avoid areas where everyone works (i.e., all respondents)

Characteristics of the Sample

Change hazardous areas to summer
Forget real slum areas
Don't go to bad areas
Protect the interviewer in Negro areas

Supervision, Training

Eliminate observations (mentioned twice)
Eliminate criticism
Eliminate supervision
Increase feeling of permanence on job

Miscellaneous

Eliminate homework
Eliminate production pressure
Change mileage rate
Change lunch time allotments
Provide more work (mentioned twice)
Increase pay

One aspect of an interviewer's attitude toward her job is the importance she sees in her work. To find out about this, a series of questions on information about the National Health Survey was asked (Tables 3, 4, and 5). About a third of the sample indicated that they had little or no knowledge of how NHS-HIS data are used. Moreover, in response to a direct question, over

two-thirds said they would like to have more information about the use of NHS-HIS data. Finally, seven interviewers either say that they do not know how important the information is to the nation's health, or they argue that the information is of little value. The other 27 (NA=1) feel the information is important, indicating possibly that they feel their own jobs are important.

TABLE 3

Q.27. Do you have much information on how the information from the survey is used?

24	Have some or much information
10	Have little or no information
<u>1</u>	Not ascertained
35	

TABLE 4

Q.27a. (Do you) want more (information on how the information from the survey is used)?

24	Yes, want more information
9	No, do not want more information
<u>2</u>	Not ascertained
35	

TABLE 5

Q.27b. How important do you think the information is to the nation's health?

27	Important
7	Not important or don't know how important
<u>1</u>	Not ascertained
35	

The above indicates that all interviewers are not agreed on the usefulness of the product of their labors. We may next examine how they react to one aspect of the process of interviewing. The 35 interviewers were asked whether or not they felt any time pressures to complete interviews quickly. Table 6

shows that about a third reported feeling such pressure. About half avoided a direct answer or gave an unclassifiable answer. The remaining five cases said they felt no pressure.

TABLE 6

Q.14. In general, do you feel under pressure to get through the interview rapidly or do you feel you can take plenty of time?

12	Yes, feel pressure
14	Avoid the question*
5	No pressure felt
1	Don't know
<u>3</u>	Not ascertained
35	

* These interviewers responded that they took the time needed to obtain the interview and gave no indication of whether or not time pressure was felt.

In summary, the typical interviewer in this sample sees the opportunity to meet or be exposed to new people as the best part of her job. Her main complaints involve interviewing in slum or Negro areas and having to put up with some degree of physical hardship. She is likely to favor at least one change in her job requirements, and this change most probably involves the sampling procedures. Most think the information they are collecting is useful, but many feel under pressure while obtaining the information.

B. The Family

To evaluate a job's impact on a person, it is also interesting to see how people close to him perceive the situation. Consequently, the interviewers were asked about the reactions of family and friends to their work.

The general reaction of families to the interviewer's job is favorable, as is shown in Table 7.

TABLE 7

Q.24. How does your family feel about your interviewing job? Are they glad you are doing this kind of work or not?

22	Family approves
9	Neutral
3	Family disapproves
<u>1</u>	Not ascertained
35	

It is also possible to discover which aspects of the employment are especially attractive to other members of the immediate family. The family perceived four main sources of job appeal: (1) the job provides needed activity or diversion for the interviewer; (2) it provides extra money; (3) its time requirements are flexible; and (4) it provides more status or gives a feeling of more importance than other jobs the interviewer might obtain. Some of the accounts of family feeling given by the interviewers are quite interesting:

"My husband works several nights a week, so it's an ideal set-up for me. I have two grown daughters and they constantly say this is good for mother, she's keeping active, doing something."

"My husband is very happy. He knows it keeps me busy and happy."

"All of them are interested. My two teenagers are interested because it means more money for them."

"The paycheck makes a difference in whether we scrape along or have a few luxuries."

"They like the fact that my hours are such that I can adjust to their needs many times."

"They think it's important, a nice thing to do, interviewing for the government. It's a better job than clerking in a store; it is a little more intelligent even though interviewers are supposed to be dumb."

"My daughter is a teenager and it gives her a chance to be head of the house. I have a teenage son. It is good for him to pack lunches and take the bus home." (How do they feel?) "I think it gives them a buzz. Someone asks what mother is doing and they say, 'She works for the Census Department.'" (How about your husband?) "At first he was not too favorable. Now he takes it in stride. I think it is good for the whole family. It makes a happy home."

Table 8 gives a fuller account of the feelings of the families.

TABLE 8

Q.24a. "Why" probe to the question: How does your family feel about your interviewing job? Are they glad you are doing this kind of work or not?

<u>First Answer</u>	<u>Second Answer</u>	<u>Content</u>
11	1	They feel it's good for me to be active or keep busy
8	3	They like the extra money
3	2	They like the hours, flexibility, etc.
2	2	Obtain status
1	1	Feel it is good to perform public service
0	5	Other
5	-	Nothing positive mentioned
-	19	No second answer given
5	2	Not ascertained, not codable
<u>35</u>	<u>35</u>	

Only 12 interviewers volunteered that their families had any reservations whatsoever about their doing interviewing work. The largest proportion of family dissatisfaction concerns the interviewer's having to be away from home at night or otherwise having to keep hours which do not fit nicely into the family schedule. For example:

"My 13-year-old says, 'Oh, Mommie, you're going to be away overnight again?'"

"I can never tell them definitely when I'll be home."

It seems that both groups (the individual interviewers and their families) like the idea that the job provides some sort of interesting activity. The part-time and "flexible" hours aspect of interviewing are sources of satisfaction to some interviewers and families, but to some other families it imposes

somewhat of a hardship. The families place more emphasis on the salary than do the interviewers, and neither group manifests public service orientation to any great degree. It seems also that the families of the interviewers are less concerned about the interviewer's having to work in slum or "bad" areas than the interviewers themselves.

C. Friends and Neighbors

About half of the interviewers have talked to friends and neighbors about their interviewing work enough to get their reactions to it. All but three of those who have discussed their job with friends and neighbors say these people approve of it. Table 9 supplies data on general reactions of friends and neighbors.

TABLE 9

Q.25. How about your friends and neighbors, do you talk with them about the type of work you do? How do they feel about this kind of work?

13	Yes, and they approve
3	Yes, and they disapprove
12	No, have not talked to friends and neighbors
5	Other
<u>2</u>	Not ascertained
35	

D. Summary

1. Thirty-five NHS-HIS interviewers were asked for their reactions to their interviewing jobs.

2. Most stated the main appeal of the job is coming into contact with other people.

3. Two job disadvantages stood out: having to go into dirty homes or bad neighborhoods and having to put up with such hardships as bad weather driving.

4. Most interviewers want to make at least one change in their job requirements. Little consensus is reached as to what should be changed, although sampling changes are most frequently mentioned.

5. Most think the information they are collecting is useful.

6. Family reaction to the interviewing job is very favorable. They especially like the fact that the job provides something interesting for the interviewer to do.

7. The small number of family dissatisfactions which were contributed centered around the fact that it is inconvenient or worrisome to have the interviewer working the hours she does.

8. Respondents who reported talking to friends and neighbors about their interviewing job say these groups have generally favorable attitudes to the interviewer's job.

III

INTERVIEWER EVALUATION OF QUESTIONNAIRE AND RELATED MATERIALS

How does this small group of health interviewers evaluate the instruments with which they work? Questions were answered about the current NHS-HIS questionnaire and supplements and also about the materials sent to respondents in advance of the interview.

A. The Questionnaire

Two very general questions give an idea of the magnitude of the problem which interviewers feel they face with respect to the questionnaire: "Do respondents have any trouble with the questionnaire?" and "Are the interviews too long?" Tables 10 and 11 give the replies of the interviewers. The interviewers almost unanimously indicate that the questionnaire causes problems for some respondents, and about half report that the interviews are too long.

TABLE 10

Q.22. How about the questionnaire, are there some sections of the questionnaire with which respondents have particular trouble?

31	Yes
2	Qualified, e.g., depends upon the respondent
1	No
<u>1</u>	Not ascertained
35	

TABLE 11

Q. 15. Do you feel that the interviews are too long or not?

16	Too long
7	Qualified, depends on situation, e.g., number of conditions to be reported
9	Not too long
2	Don't know
<u>1</u>	Not ascertained
35	

Interviewers were asked what specific things respondents enjoy most and what things they like least. All interviewers mentioned something respondents disliked and all but three pointed out something they enjoyed. Tables 19 and 20 give distributions over several possible categories into which interviewer comments could be classified. Two answers were coded for each interviewer to each question if more than one codable response was given.

TABLE 19

Q.2. What things do respondents usually enjoy most about being interviewed?

<u>First answer</u>	<u>Second answer</u>	<u>Content</u>
23	2	Chatting, visiting, seeing new faces, relieve lonesomeness
4	6	Helping others, being good citizen, etc.
2	4	Flattered at being part of survey, makes them feel important
3	4	Other
3	-	Nothing positive mentioned
-	19	No second answer given by interviewer
35	35	

TABLE 20

Q.3 What things do they like least?

<u>First answer</u>	<u>Second answer</u>	<u>Content</u>
27	1	Giving personal information
4	5	Taking time required
4	12	Other*
-	17	No second answer given by interviewer
35	35	

*Includes invasion of privacy, giving health information, doesn't like government, answering a lot of questions, signing X-ray form.

It should be noted that during the period of data collection for this study, the NHS had appended a supplement concerning X-rays to the regular schedule of health questions. This supplement was often very time consuming, and comments which the interviewers made when answering question 15 demonstrate the relative effect of the X-ray supplement.

Some comments coded "too long":

"With the X-ray supplement it is too long. It is too much because you can feel the respondent is tired of it."

"Yes, in some ways our health surveys are becoming too long."

"I definitely think the one we have now is too long."

"Yes, they are definitely too long. When there's only one or two in the family, it's all right, but when you get four or five in the family, especially in the melting pot area, it's too much."

"Much too long."

Comments coded "qualified":

"They weren't too long until the X-ray supplement came along, dragging them out considerably, but some respondents don't mind and will say at the end, 'Is this all you're going to ask me?'"

"That depends on the size of the family. When you have to repeat, repeat, repeat, for each member of the family, the respondent becomes weary."

"No, I don't think they are too long if they run smoothly without interruptions."

Some comments coded "not too long":

"They're not too long. What we have now, the average person says, 'Is that all?'"

"Not as a rule."

"On the average, I'd say not."

It is possible to identify more specific problem areas and to get a detailed description of the specific difficulties concerning the questionnaire

reported by the 35 interviewers. Specific problems are felt by the interviewers, as is shown in their answers to questions such as "Are there things that respondents find too personal. . .?" (See Table 12)

TABLE 12

Q.5. Are there any things that respondents find too personal or embarrassing to report?

29	Yes
<u>6</u>	No
35	

In addition, when specifically asked for such comments, all interviewers indicated that there are parts of the questionnaire which are hard for people to answer and parts which people don't like to answer.

From the impressions of the health interviewers, it seems reasonable to assume respondents dislike reporting a piece of information either because it is too embarrassing or too difficult to recall. The demographic information is apparently perceived as being subject to both sources of discomfort: it is either embarrassing or difficult to recall or both. The interviewers, on the other hand, do not perceive the relating of the content of health conditions as intellectually difficult. The problems which respondents have are thought to relate largely to the placement of events in time (at least 50% of items mentioned as hard can be classified as time placement problems). Embarrassment does enter in, but only in connection with a limited set of illnesses which are socially disapproved in themselves (e.g., mental illness) or about which discussion is socially disapproved (e.g., prostate trouble). Table 13 organizes the detailed comments of the health interviewers for comparative purposes.

TABLE 13

Q.3. What things do they (respondents like least (about being interviewed)?

Q.4. What are the hardest things in the questionnaire for people to answer?

Q.5a. What (are the things that respondents find too personal or embarrassing to report)?

	Q. 3 <u>THINGS DISLIKED</u>	Q. 4 <u>HARD ITEMS</u>	Q. 5 <u>PERSONAL, EMBARRASSING ITEMS</u>
<u>Demographic:</u>	28 Giving demographic information	9 Income 1 Education	6 Income 1 Education 2 Age 2 Combination of above
<u>Health:</u>	3 Giving health information	17 Hospitalization dates 13 Other time reference problems 9 Did condition cause you to cut down. . . 5 Conditions card 2 Specialists card 2 Describing ailments 2 Separating old injury from present effects	11 Female disorders 11 Prostate trouble 5 Venereal disease 3 Mental illness 6 Other health items
<u>Other:</u>	25 Other reasons R's dislike interview not relevant to this table*	5 Heights, weights living quarters, questions	0 No other embarrassing or personal items
<u>TOTAL ITEMS MENTIONED</u>	56	65	47

* See Table 20

It should also be remembered that interviewers themselves may find some of these items embarrassing, and that this may be reflected in their answers.

Interviewers were asked to mention any changes they thought might improve the questionnaire or the conduct of the interview. A rough categorization of these suggestions appears in Table 14. Three major points seem to receive the most attention:

1. Changes were most often suggested to remedy the perceived problem of placing health events in time (e.g., dates of hospitalizations).

2. Changes to reduce the length and/or repetitiousness of the interview (for example, not repeating the phrase "last week or the week before. . ." or not asking about each person separately, especially for large families) were frequently suggested.

3. Finally, a large number of comments were devoted to the various "cards" used in the interview. Presentation of the cards, ease of handling, etc., are commented upon but with no unanimity on what to do to change the procedures. Other comments deal with the content of the cards: definitions on the specialists card, difficulty interpreting the activities card, etc.

Although eliciting accurate demographic information is mentioned as a problem elsewhere, few changes in the demographic questions were suggested.

It may be reasonable to assume that the past experimentation with different card forms and contents has sensitized interviewers to the problem. Some may be reacting merely to the fact that changes have been contemplated and used.

TABLE 14

- Q.22. How about the questionnaire, are there some sections of the questionnaire with which respondents have particular trouble? What parts?
- Q.23. We have talked about the questionnaire, is there anything else that you think could be changed to make the interview easier for respondents? (Answers combined with Q.22.)

<u>Number of Times Mentioned</u>	<u>Content</u>
	<u>TIME REFERENCE:</u>
22	Trouble remembering dates, how long ago
	<u>PROCESS:</u>
11	Too repetitious
3	Too long, should be shortened
1	Definitions
1	Order of questions
	<u>CARDS:</u>
5	Card presentation methods
8	Content of specialists card
4	Content of conditions cards, A & B
2	Content of activities card
	<u>SPECIFIC QUESTIONS AND TABLES:</u>
6	Table one
2	Accident table
3	DU composition, etc.
3	Questions on working (26, possible 7)
3	Doctors
3	X-rays, heights and weights
3	Age, income
1	Dentists
<u>1</u>	Vision
82	

To summarize, interviewers find the questionnaire and related documents in some ways troublesome to respondents. These reports may also reflect interviewer feelings about the questionnaire. Trouble tends to cluster around questions (1) that make an unreasonable demand on the respondent's

memory and (2) that probe toward socially undesirable or intimate experience. The 35 interviewers generally recognize both problems but seem most concerned about the ability of the instruments to get information requiring the time placement of events. They often feel the instrument is cumbersome or too lengthy. The age, education, and income questions are sometimes seen as problems, but as small ones compared to those associated with time placement questions and questionnaire length.

B. Advance Material: The Letter and Folder

Advance material is sent to as many potential NHS-HIS households as possible. The health interviewers were asked to evaluate the usefulness of this material and to suggest any needed changes.

As Table 15 indicates, almost all of the interviewers think that the advance letter* is useful. Their additional comments indicate some of the ways in which the letter can be useful to them and to the survey in general:

TABLE 15

Q.19. Do you feel that the advance letter is useful or not?

32	Yes
2	Qualified, sometimes, etc.
<u>1</u>	Don't know
35	

Some typical comments about the usefulness of the letter:

"There's a big difference in going into a home where they've had the letter. There's less explaining to do if they are inclined to know you're there for the survey and not to sell them something."

"It opens the door for you."

"If they get the letter they know someone is coming. I think they start thinking about why they're coming. We probably get a more complete picture of their health."

"They are prepared for your visit. They know it's on the up and up."

"It opens the door, especially in cities. It helps to explain the purpose of the survey and saves the interviewer from doing this."

* The "Dear Friend" letter, Form NHS-600.

The interviewers were also asked to evaluate the effectiveness of the folder which accompanies the advance letter^{*}. Of those who were acquainted with the contents of the folder, about two-thirds thought it was useful.

TABLE 16

Q.21. How about the folder they send with the advance letter?
Do you feel that this is useful or not?

14	Yes
2	Qualified, sometimes, etc.
6	No
10	Don't know (usually indicate they have not read folder)
<u>3</u>	Not ascertained
35	

The comments give some insight into why this folder is considered useful or superfluous:

"Yes, I really like that. I think people really read it and it gives them more information about the survey and tends to make them more cooperative, I don't like the picture on the front - outmoded interviewer, if you ask me."

"Yes, I do feel it is useful. It gives them a fuller understanding of the survey, and better understanding results in better cooperation and facts."

"Yes, it's useful. It gives respondents a little more information than the letter alone."

Some who question its usefulness said:

"In a majority of cases, no. It does not have eye appeal. The graphs do not hold attention like the story does."

"No. The folder is too much. People don't comprehend it all."

"No, it means nothing. It gives them no idea what the information is being used for."

"It should name the benefits people are getting like flu shots, polio shots. People want to know what is being done and how it will benefit me."

*The National Health Survey, NHS-600A.

Only five interviewers volunteered ideas for change, all focusing on the letter rather than the folder. Note that almost a third of the interviewers did not recall having seen the brochure.

TABLE 17

Q.20. Do you think of any ways in which you would like to see the letter or brochure changed?

5	Yes
25	No
3	Don't know
<u>2</u>	Not ascertained
35	

The five suggested changes were:

... should put something in the letter which makes R feel he is doing a service to the country and that the government has a deep concern for these people.

... if a family's schedule doesn't permit them to be interviewed during the day, say the interviewer may call at night.

... add a section of pertinent information: "Did you know ..."

... "occupant" address is not good because people won't read it. "Bureau of Census" should be in bolder print.

... use the name of the person instead of "occupant."

IV

INTERVIEWERS' REPORT ON RESPONDENTS

Thirty-five interviewers were asked a number of questions about their respondents: how they feel respondents react to the interview, how they actually behave, and how they should behave. The interviewers also depicted the ideal respondent as well as the most troublesome one.

A. Respondents' Reaction to the Interview

Most interviewers had no trouble giving their general impression of how respondents feel about the interview. There are attractive aspects as well as dislikes.

Table 18 indicates that about one-third of the interviewers feel their respondents like the interview, six interviewers feel respondents don't enjoy it, and the remaining half say respondents tend to be neutral. The comments quoted below are representative of these three categories.

Comments coded "like it":

"In general, they have no objections. They are most cooperative. They seem to enjoy it and get some satisfaction out of it."

"They like it, most of them. Mostly everybody likes an opportunity to talk about themselves."

"They feel like they are doing something for the country and feel patriotic."

"In general, many are happy and pleased to be included in the survey."

Comments coded "neutral" or "qualified":

"In general, I would have to say they're neutral. A lot of them are curious but they're not excited about it."

"As a general rule on this particular kind of survey people have no objection."

"Retired people like it. The people who seem annoyed have full-time employment or a tight schedule."

"This depends on the respondent. They feel much better about it if they know I'm coming. Again it depends on the area and type of person being interviewed. In this particular area most people are reluctant to let you know any of their business. People are known in our valley to be very friendly and cooperative.

Comments coded "dislike it":

"I think people resent being interviewed. They do it out of fear. They think they'll get into trouble."

"In general, most respondents are reluctant to be interviewed. They feel it is an invasion of their privacy."

"They hate it. A lot of them don't like it. They think it is a waste."

Table 18 also presents the distribution of responses to a similar question asked later on in the interview (Question 6). The distributions are essentially similar, the main difference being more qualified and less negative comments to the later question.

TABLE 18

Q.1. In general, how do respondents feel about being interviewed? Do they like it, not like it, or what?

Q.6. In general, how do respondents feel about having the interviewer come into their homes? Are they pleased, annoyed, happy, irritated, or what?

<u>Q. 1</u>		<u>Q. 6</u>
12	Like it; happy, pleased	13
11	Neutral	9
4	Qualified (e.g., depends on respondent)	9
6	Negative	3
<u>2</u>	Not ascertained	<u>1</u>
35		35

The main perceived appeal of the interview is that it provides a chance for respondents to talk about themselves and their health, to visit with someone, or to be relieved of lonesomeness. The interviewers put it this way:

"Elderly people, especially in rural areas, enjoy talking to someone who will listen to their complaints and ills and enjoy getting a friendly audience."

"I imagine it is the health questions. If they don't have anything the matter with them, they are apologetic. If they have a lot of education, they like to tell you about that. If they don't have any, they tell you that. The high income people like to brag some and the very low want to tell you. They all like to tell you and talk about their families."

"Talking about their ailments, those that have them. They probably don't have anyone to listen to them for a while, until I get there."

Other interviewers see respondent motivation somewhat differently:

"Some are pleased to be cooperating with the government and doing something useful."

"I have a lot of country and low income and low education. It gives them a feeling of helping the government. It makes them feel important."

"About 90% like it. It depends on the people. They regard it as a status thing; they've been specially chosen and they're getting special attention."

The part of the interview most disliked by respondents (see section IIIA, above) has to do with giving personal or demographic information. Secondly, the respondents resent giving up so much time to be interviewed. Examples of comments in this classification are:

"Most of them are busy, have something else they'd rather be doing."

"They say, 'What's the point in all this? It's a waste of time.'"

Tables 19 and 20 suggest that interviewers see respondents as generally enjoying a friendly interchange but sometimes resentful about giving personal information on age, education, and income.

In addition to the open questions, two more structured questions were asked to measure perceptions of special behavioral importance. Question 10 attempted to measure the prevalence of the perception that high income respondents pose a threat or make interviewers feel uneasy because of their high social status and resulting social power. Phrasing this question was very difficult because it involves an issue which may be difficult for some people to discuss; and the final version may not be the best probe. However, the data in Table 21 do not indicate that there is significant concern about this problem.

TABLE 21

Q.10. Some interviewers say that high income people try to take over the interview. What has your experience been?

3	True
2	Sometimes true, not always
<u>30</u>	Not true
35	

Question 11 was designed to determine whether or not respondents with low educations are seen as unable to understand the study objectives which may be an indication of whether or not the interviewer believes it worthwhile to try explaining things to them.

TABLE 22

Q.11. Some interviewers feel that low educational people don't really understand what the interviewer is doing. How do you feel about that?

16	True
10	Sometime true, not always
7	Not true
<u>2</u>	Not ascertained
35	

As Table 22 shows, there is a division of opinion on that question. Those who think that respondents with little education cannot understand the study argue:

"That's correct. Even after you explain it to them they don't grasp the meaning of it. They often think, and believe, that this is connected with welfare."

"Many of them don't. Many of the more ignorant people don't understand the medical terms we use. I've had numbers of people ask what is varicose veins or palsy or high blood pressure."

The accounts of those who took the opposite position went like this:

"A lot of them don't understand at first but I think after they have had an explanation of it they understand."

"I don't agree with that. I would say very, very few -- and those would be people with language problems -- most of them know what you are doing."

B. Interviewer Preferences

In section II A, the various aspects of the interviewer's job which she enjoyed or which caused her trouble were considered in general terms. This section deals with the characteristics of particular interviews which are preferred by interviewers.

One way of approaching this issue is to ask interviewers to describe their ideal respondent, the one they would most like to interview. Table 23 presents the results of two codings of the answers to this question. The first coding describes the way the ideal respondent would behave. It can be seen that most interviewers mention that the ideal respondent should perform the task of answering questions well. Not quite half of the interviewers say that the ideal respondent would behave in a pleasant and friendly way. Another group, of about equal size, notes that the ideal respondent would

not extensively question the interviewer about the study. (This was usually associated with the interviewers' desire to have respondents readily accept the interview.) Finally, some interviewers - less than a quarter - say that the ideal respondent would not be busy or rushed.

TABLE 23

Question 8. Can you describe your picture of the ideal respondent -- what would he (or she) be like?

<u>First Coding</u>		<u>Content</u>
<u>1st response</u>	<u>2nd response</u>	
10	5	Treats interviewer in friendly, pleasant way
15	11	Performs tasks well, answers efficiently or accurately
4	9	Offers no resistance, does not ask questions
6	2	Gives time freely, does not rush
0	1	Other
-	7	No second answer
35	35	

<u>Second Coding</u>		<u>Content</u>
<u>1st response</u>	<u>2nd response</u>	
10	5	Warm, friendly
2	4	Relaxed
17	4	Intelligent
4	12	Businesslike, sticks to job
2	3	Specific demographic groups, i.e., age, sex, or income category, etc.
0	1	Other
-	6	No second answer
35	35	

The second coding describes the personal characteristics of the ideal respondent. Intelligence ranks first in popularity, being mentioned by more than half of the interviewers. That a respondent should be warm and friendly, on the one hand, and efficient and businesslike on the other was the view of two somewhat smaller groups of interviewers. Other characteristics were mentioned less frequently.

From these data, one is inclined to conclude that characteristics which facilitate the question-answer process are most valued by interviewers. Characteristics which make the interview more pleasant, more efficient, or which make it easier to get in the door are all important to some. These conclusions will be examined further as more data are presented. The following quotations illustrate many of the above points:

"An ideal respondent is one who would meet you at the door in a pleasant manner, invite you in, make you feel welcome, listen to the questions and respond only to the questions."

"A person who honestly tells the ailments without trying to dig some up to get on the questionnaire or dismisses real ailments as nothing and doesn't mention them."

"An articulate 'dumbbell' who can understand -- who has no mind - who will answer any questionnaire as is."

"Someone who answers questions with some thought and with some understanding of the survey. One who would get satisfaction from the survey."

"Somebody who has received a letter. Friendly but not overly friendly. Doesn't say, 'What do you want that for?' The kind that answers the best she can without asking you why you want to know it."

"In a way most of my respondents are ideal. Most are courteous, they make me comfortable and they are relaxed. They listen attentively and answer directly."

"When respondent opens door and says, 'Oh, we were expecting you. We received the letter. Come on in.'"

"One who welcomes you at the door, says, 'Yes, I received the letter.'. One who is able to recall the past two weeks as the questions relate to each member of her household. One who is not reluctant to admit a member of her household has a certain condition."

"One that is real interested is one who would ask for credentials -- then ask you in. One who is relaxed and will ask questions if they don't understand."

"She'd open the door and accept me graciously and answer the questions without interruptions. Also without the need of giving her lengthy explanations."

The other side of the picture was obtained by asking interviewers to describe the most difficult respondent. Table 24 presents two different codings of the answers given to this question. The first of these two tables points out that interviewers perceive the worst respondent as "uncooperative, unwilling, or impolite." The second of the tables distributes the comments over a wider range of categories, focusing not so much on how pleasant the situation might be for the interviewer but more on the respondent's willingness to accept either the immediate task or at least the overall goals of the survey or research in general. Note that responses are split about evenly between problems of obtaining the interview and problems of conducting it. The tendency to use specific demographic characteristics in describing either the ideal or difficult respondent is slight in comparison to the use of motivational or behavioral terms.

TABLE 24

Q.8a. What about the respondent who would be most difficult to interview? What would he (or she) be like?

<u>First coding</u>		<u>Content - coding scheme A</u>
<u>First answer</u>	<u>Second answer</u>	
18	5	Uncooperative, impolite
5	7	Anti-government, -PHS, -survey
9	6	Other*
2	2	Don't know or not ascertained
1	-	None too difficult
-	<u>15</u>	No second answer
<u>35</u>	<u>35</u>	

<u>Second coding</u>		<u>Content - coding scheme B</u>
<u>First answer</u>	<u>Second answer</u>	
6	7	Refuses or is reluctant to accept task (e.g., nothing wrong with me, why pick on my family, etc.)
6	6	Suspicious of interviewer or purpose of interview
7	2	Waste of money; doesn't believe in surveys or statistics
4	2	Is rushed
4	1	Is vague, confused, or uncertain
6	3	Other (specific groups: age, class, education, etc.)
2	2	Not ascertained
-	<u>12</u>	No second response
<u>35</u>	<u>35</u>	

* Includes hypochondriac, physical or mental impairment, always in a hurry, won't concentrate, talks too much, non-English speaking, etc.

Typical or interesting interviewer comments are given below:

"I think that one would be not necessarily an ignorant person, but one that does not see any value in giving this kind of information. A person that was busy and didn't want to take the time to answer the questions."

"One who is in a foul humor most of the time. An independent person who just isn't going to pay much attention, who pretty well has his mind made up what he's going to answer before you ask the question."

"He would be the one who's absolutely bitter, feels that he doesn't want to answer anything. Most can be softened up but some can't. You're under a strain with each one, each question, and it never stops."

"Well, of course, the ones who are a little rude and just answer because they think they have to."

"Well, when they first come to the door they say, 'What are you selling?' And when they finally let you in they ask you what the survey's about. They complain about the government spending money and it's no good. All through the interview they answer you but they laugh and say, 'What good's that?'. They refuse several answers. Finally you get to the income question and that's the darkest secret of all."

"Someone who keeps on objecting, who gives vague answers, and can't be pinned down."

"The one who automatically answers 'No' to everything."

After the general perceptions of the ideal and disagreeable respondent were obtained, a series of specific questions about key personality and demographic characteristics was asked. Table 25 lists the seven-part question and the responses to each part. The most salient categories (the ones with the fewest "no preference" responses) are the personal qualities: the ideal respondent is quiet, friendly, and concerned about health. The demographic characteristics seem somewhat less useful to the interviewers in describing ideal respondents. However, the ideal respondent from the demographic point of view looks very similar to the interviewers themselves.

TABLE 25

Q.9. Here is a list of kinds of respondents, which would you rather interview?

a. (Prefer) respondents with incomes under \$3,000, from \$3,500 - \$10,000, or over \$10,000?

1	Under \$3,500
19	\$3,500 - \$10,000
7	Over \$10,000
<u>8</u>	Other, no preference
35	

b. (Prefer) respondents with grade school, high school, or college education?

1	Grade school
6	High school
17	College
<u>11</u>	Other, no preference
35	

c. (Prefer) men or women?

4	Men
16	Women
<u>15</u>	No preference, not ascertained
35	

d. (Prefer) under 30, from 30-60, over 60?

6	Under 30
19	30-60
1	Over 60
<u>9</u>	Other, no preference
35	

e. (Prefer) a talkative or quiet person?

5	Talkative
24	Quiet
<u>6</u>	Other, no preference, not ascertained
35	

f. (Prefer) a friendly person or businesslike?

22	Friendly
9	Businesslike
<u>4</u>	Some combination, no preference
35	

g. (Prefer) a person concerned about health problems or not?

26	Concerned about health
5	Not concerned
<u>4</u>	Other, no preference
35	

In addition to describing the respondents that interviewers prefer, it is interesting to look at the reasons for their preferences. Study of their answers showed that three categories of reasons were most prevalent.

1. Pleasantness. A given type of respondent is preferred because the interview interaction is more pleasant, friendly, relaxed; or he is not liked because the interview is unpleasant, uncomfortable, tense, hostile.

2. Speed or efficiency. A given type of respondent is preferred because he doesn't waste time, he answers quickly; or is not liked because he takes a lot of time, he makes it hard to meet production rates.

3. Accuracy. A given type of respondent is preferred because he answers accurately and completely; or he is not liked because he does not answer accurately.

Coders were instructed to read the interviewers' answers to all of the questions about interviewer preferences. They counted the number of times an interviewer specifically used each of the above reasons in her answers. The number of times an interviewer used each reason is one index of its relative importance to her in evaluating respondents, and may reflect an orientation toward her work. Table 26 presents the distributions of the number of times each of the above reasons was mentioned by an interviewer.

TABLE 26

Distribution of reasons given for interviewer evaluations of respondents

Likes given type of respondent because:	<u>Number of times reported</u>					<u>Total</u>
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3-4</u>	<u>5 or more</u>	
Reports more accurately	3	8	9	8	7	35
Completes interview more efficiently	9	15	7	3	1	35
Makes interview more pleasant	10	11	7	7	0	35

If the data in Table 26 can be taken at face value, "accuracy of responses" is the most important reason for preferring certain respondents. The other two considerations are relatively less prominent, with about two-thirds mentioning them fewer than two times during the interview. It may be assumed the interviewer knows that the socially correct response is that she values accurate information; and it is not possible to say how much this awareness affected the data. Those interviewers who expressed concern about accuracy on three or more occasions were very convincing, however; and it appears likely that accuracy is the most important facet of those interviewers' orientation to their interviews.

The data supplement those presented previously in which the ideal respondent was described as being able to answer questions readily. Table 26 suggests that the description was more likely to be given in the context of increased accuracy of answers than in the context of finishing the interview quickly.

Interviewers also have preferences about the way they conduct an interview, the way they try to secure the cooperation of respondents. Two important ways of doing this are giving the respondent information about the study and establishing with him a particular type of relationship. Specific questions were asked about these two aspects of the interview.

In Tables 27 and 28, the results of three questions about the importance of the respondent's having information about the study are presented.

TABLE 27

- Q.7. Do you feel it is important or not for respondents to understand the purpose of the study?
- Q.17. Do you think it makes any difference how much respondents know about the purposes and uses of the survey as to how cooperative they are?

<u>Answers</u> <u>to Q.7</u>		<u>Answers</u> <u>to Q.17</u>
27	It is important (makes a difference)	17
4	Sometimes, qualified	6
4	It is not important (makes no difference)	10
<u>0</u>	Not ascertained	<u>2</u>
35		35

TABLE 28

- Q.18. Do you feel it is important or not for respondents to know that the survey is being done for the Public Health Service?

30	It is important
3	It is not important
1	Don't know
<u>1</u>	Not ascertained
35	

The meaning of these tables is not clear-cut. It is certain that interviewers generally tend to think that it is a good thing for respondents to have information about the study. However, comparison of the results of questions 7 and 17 indicate that some interviewers, while feeling that information about the study is valuable, also think that respondents will cooperate without such information. Further, the interview data do not provide any information about the degree to which interviewers see themselves as the ones who should provide information to respondents.

The interviewers' concern with establishing the proper relationship came out essentially in three questions, the answers to which are presented in Table 29.

TABLE 29

Q.12. Do you think most respondents would prefer that you stick right to your job, or would they like you to visit a little?

10	Businesslike, stick to my job
12	Some of both; or qualified, depends on respondent
<u>13</u>	Visit a little
35	

Q.13. Which do you (as an interviewer) prefer?

22	Businesslike, stick to my job
9	Some of both; or qualified, depends on respondent
<u>4</u>	Visit a little
35	

Q.16. Is it important or not that the respondent like the interviewer?

30	It is important
3	It is not important
1	Don't know
<u>1</u>	Not ascertained
35	

From the responses to question 16, it is clear that interviewers feel that positive feelings by the respondent are an asset. This is consistent with the data in Table 19, where interviewers reported that the appeal of interaction was the primary positive force on respondents. It is not clear, however, that interviewers think it desirable or appropriate for them to try to establish positive feelings in respondents.

Four of the interviewers who said they preferred to remain businesslike argued that it developed a professional relationship; but usually concern with the relationship was accompanied by a preference for some "visiting" during the interview. It can be seen from the answers to question 12 that over two-thirds of the interviewers think respondents would appreciate some personal interaction during the interview.

There are three issues which come out of the interviewers' answers to these questions. First, some of the interviewers feel that the respondents themselves do not like to waste time during the interview. The following three interviewers present this point of view.

"I think the average person would prefer you get it over with."

"Most respondents would prefer that we stick to the job because they possibly have a busy or scheduled life and would like to cooperate and then be free to return to their duties. Because we are being paid by their tax money and they expect a person representing the government to be businesslike."

"Most people prefer that you stay with the job. Most people don't have time to waste."

Other interviewers, however, either do not see their respondents as being rushed or feel that they can visit some without taking very much time. Some of their arguments are presented in the following answers.

"They'd rather you stick to the job until you get through and then visit. In talking on lines of health, it ruins its smoothness to stop and visit and they lose their trains of thought. I don't visit till I'm through. Census doesn't like us to visit. They don't like me because I do. I smile too much and am not impersonal enough to suit them."

"I think if you visit a little it makes them feel more at ease. It's perfectly natural and human to be more at ease with a person when they make some comment about your house or child."

"I think they appreciate something that breaks the seriousness of it."

"They like to have a few friendly words. They don't like you to just come in and pop questions at them. The happiest respondents are those who get friendly words. It doesn't have to be much. If they're going to give all that, they're entitled to it, especially old people. I think we get better information from respondents to whom we give friendly words, and it doesn't take any longer, either."

"They like to visit a little. They like to tell you some little thing they did or about their families. If I act interested, they do a much better job than if you act like they are a statistic."

Second, with respect to the interviewers' own preferences, several interviewers said that it is not part of their job to spend time visiting with respondents. They argue that the expectations for production rates and their conception of appropriate interviewer behavior work against spending time chatting with respondents. Third, some interviewers have personal reasons for preferring to avoid such interactions - for example, the advantage of not having to spend an extra night away from home or a desire not to become personally involved with respondents. Some of these issues are illustrated by the following comments, as well as those presented above.

"Stick right to the questionnaire. We are on a production schedule and we can get through sooner."

"I like just to get the questionnaire answered and get on to the next one. Generally, I work out of town and usually will save one day's expense. That is the job -- to do it and move on."

"Get it done and move on. I have a job to do and have to keep up our production or else. There are some people I'd like to spend more time with, but I can't visit and keep up my production."

"Stick to my job. I don't like to waste my time and like to get through as quickly as I can."

"Stick to my questionnaire because it's my job, and I like to get my work done and I don't want to be involved personally with these people. When through, I want to forget it and not have things in my mind, although I do remember people."

Yet others, while acknowledging some of the counter forces, tend to agree with the following three interviewers.

"Mix pleasure with business. It makes for a better relationship. I don't mean visit for half an hour, just a little interest at the beginning of the interview does pave the way. We can't afford to visit much. Young mother with new baby, show interest and she's pleased and more friendly, that's just plain psychology."

"I don't care to visit. I don't care about that. But when they are starved for a few words they should get it. If they comment and you don't answer, you just pop another question, I think that's cruel."

"I like to stick to my job but I don't mind saying a few words. It puts them more at ease and makes my day more pleasant. You get better answers if you are friendly. If you're too businesslike you build up a wall. It helps us in the neighborhood in the future if we are friendly. We are asking them to give their time so I think we should do it in a friendly way and not demand it."

Clearly there is a division of opinion among interviewers, and some conflicts within them, as to the degree to which they should engage in personal interaction with respondents. All but four, however, mentioned at least once during the interview that it was valuable to have the "right" relationship with respondents, and more than half mentioned more than once their concern for rapport.

V

CONCLUSION

The preceding analysis has simply described the responses of the interviewers and tried to identify the central tendencies in their feelings and perceptions. There has been little attempt to discuss the significance of these answers, nor have differences between interviewers been considered. In a separate report, the data from the interviews will be analyzed with data from other measurement instruments used in the study, and the implications of the different attitudes and perceptions of these interviewers will be more fully explored.