



Interview training manual

A short guideline for the introduction of interviewers
to the Eurofamcare project and how to conduct the Eurofamcare interviews

Introduction: objectives and expected achievements

The main project goal is to evaluate the situation of family carers of elderly people in relation to characteristics, coverage and usage of supporting services in term of their (non-) existence, (non-) familiarity, (non-) availability, (non-) use and (non-) acceptability.

The project promotes the partnership approach in family care. The main focus is on the perspective of family carers. Thus it encourages a change from the service providers' perspective to the perspective of those concerned: the family carers and their dependent elderly relatives. It will fill a knowledge gap concerning the characteristics, coverage and usage of services supporting family carers in Europe. With respect to this, the proposed project aims to improve knowledge concerning the issues described above at two levels simultaneously, a trans-European and a pan-European level.

- At a trans-European level, national survey studies of a core group consisting of six countries Germany (co-ordination), Greece, Italy, Poland, Sweden and the UK, aim to show benefits, incentives and barriers with respect to specific services and processes. After having finished data collection there will be six national data sets and one amalgamated European data set (6,000 family care situations, based on interviews with family carers and service providers). There will be a feedback of the national evaluation to providers with the aim to identify suggestions for the implementation of strategies to support family carers. The overall national analyses as well as the European analysis will result in national and European reports on family care situations and possibilities to promote the partnership approach in family care.
- In addition a systematic pan-European review over all EU Member States plus Norway, Switzerland, Poland and further associated states, will lead to a cross-national synthesis comparing knowledge at the level of states, societies and cultures – based on secondary analysis and expert interviews and/or focus groups. The six core countries and 17 further pan-European countries will write national background reports. These reports will give the input for a pan-European background report

To ensure that the above will be properly pursued, the project will also include a socio-economic evaluation on the costs of care giving as well as a political evaluation at the European level.

The project results will regularly be shared with a broader audience by different means, on national and international level with the Advisory Groups of researchers, parliament members, decision makers and groups of interests. The results will be discussed in the final European Conference, which will bring together the researchers from 23 countries with representatives of the Advisory Groups, service providers and decision-makers on national and European levels. A European Carers Day will be performed at the end of the project to inform the public with the aim to stimulate better support for family carers.

The results should enable decision-makers in the different countries to improve the prerequisites for a higher acceptance of support measures by family carers, thus maintaining their high motivation and ensuring that they remain as a valuable resource in the growing work of caring. The in-depth knowledge from the six systematically chosen countries offers a high potential for a broader spread of user-oriented services not only in these countries but also for transfer to other countries with similar systems and caring situations.

National Surveys [NASUR]

Family caregivers

The national surveys appear an essential and empirical part of the EUROFAMCARE Project. Data collection of the 1000 family caring situations are planned to be carried out in each of six-core country partner (Germany, Greece, Italy, Poland, Sweden and United Kingdom) according to common Standardised Evaluation Protocol (STEP for NASUR). Interviews with family caregivers will be performed using a structured questionnaire with response alternatives and some open answers. The family caregivers will be asked about their own and the elder's situation and needs, as well as service support concerning usage, costs and characteristics.

The data collection with family carers will start at the end of November/at the beginning of December and end of the 31st of March 2004.

Service providers

In parallel, in each country interviews with 30-40 service providers at a managerial level in the same areas as the family caregivers will be performed using both a structured questionnaire with response alternatives and also semi-structured questions with open answers that will be noted. The service providers will be asked about the characteristics of the service they provide and the users, their experiences and future perspective on service in relation to family caregivers' needs.

The data collection with service providers will start in February and end of the 31st of April 2004.

Follow up study

As integral part of project the follow up study will be carried out in the whole sample of family caregivers within 9-12 months from the essential survey. The follow-up survey will be conducted to generate the necessary data for the socio-economic evaluation and cost-benefit analyses.

The interviewed carers are informed that there will be a short follow-up study by a telephone interview, mailed questionnaire or by personal contact 9-12 months later and asked to participate. The follow-up study will include a limited number of questions concerning the care/help/support that is provided by the family caregiver, retrospective data on critical life events, and changes concerning needs as well as utilisation of services during the last 9-12 month.

Time schedule

A time schedule for the various phases of the project (at least starting from the training of the interviewers), could be inserted here.

Subjects

The family caregiver

For the sampling to the national survey studies following definition is used:

The primary family caregiver is any person who provides at least 4 hours per week of care/support/help to an over 65 year old family member for any kind of need, except for financial support only.

This definition includes, among others, any family member (or other person with even not formal but familiar connection to the cared for elder) who:

- ❖ perceives to be a carer according to the definition itself (supporting an elderly for at least 4 hours per week);
- ❖ organises the care provided by others, and this organisational tasks engage him/her for more than 4 hours per week;
- ❖ provides care to an elderly relative living at home; however, in order to take into account the reality of some areas in Southern Europe, where at times carers are expected to provide some kind of care to relatives even when the latter live in residential care settings (nursing homes, sheltered housing etc.), these cases will also be accepted in the sample, provided that they meet the inclusion criteria as specified by the definition of primary caregiver given above.

This definition excludes any person who:

- ❖ supports only financially the older relative;
- ❖ just “visits” (even if for more than 4 hours per week) an older relative living in residential care settings.
- ❖ In case a carer provides support to more than one elderly, data should refer to the most relevant caregiving situation; in case more than one carer provide support to the same person, data should be collected from the relative providing most care.

The service provider

The service providers should be at a managerial level in the same areas as the family caregivers representing different kind of services support available for family caregivers and elder persons in the area.

Sampling criteria

The sampling of the subjects will take place so that national representativeness will be ensured with respect to:

- ❖ urban and rural settings (and eventually metropolitan or suburban). Each country provides its own definition of urban and rural;
- ❖ intra-national (i.e. regional/territorial) differences with regard to the availability of support services Each partner describes the chosen regions and areas in their country and the number of interviews that shall be conducted per region and area, based on the description concerning recruitment in the Step for NASUR (see: Annex 1).

Each core partner has identified within its own country a number of “sample communities” consisting with several small areas, so called "sites". Those are belonging to both urban and rural areas of at least three regions, chosen in order to ensure the greatest variability with regard to the availability of support services. According to these criteria, each national sample will be expected to contain at least 6 communities, among which areas with both a very weak and a very strong support services network are represented. The national co-ordinators will document the distribution of the national sub- samples (according to regions, localities and sites) at the special form (*see: Annex I*).

The family caregiver

While the national representativeness of the collected data has to kept, cross-national comparability requires that all partners share the same recruitment methodology. To this purpose, partners have agreed to employ a common saturation method, aimed at reaching the universe of caregivers living in the chosen sample communities through the parallel or consecutive application of any suitable recruitment strategy, among which following are expected to play a major role.

- ❖ door-to-door census;
- ❖ contacts through volunteer associations, religious or private organisations etc.;
- ❖ contacts through health or social care professionals;
- ❖ advertisement in newspaper, local TVs etc.;
- ❖ lists of older residents or electoral role;
- ❖ snowball through contacts reached by means of any of the previous methods.

Since it is possible that some recruitment methods work better in some sites (and countries) than in others, the use of many different methods is aimed at achieving the best possible results for each chosen communities, thus maximising the use of the resources made available to the project.

It has to be underlined that, in order to reach the universe of caregivers living in the selected communities, the area of each chosen community should be as small as possible. This is necessary in order to prevent possible bias, which might arise in case, for convenience reasons, only some of the above mentioned recruitment strategies were employed in a larger area. Since even small differences in sampling and recruitment methods can have relevant consequences in terms of quality and interpretation of collected data, it will be a major concern of each core partner to document in detail how the national sample is recruited and can be considered to be representative of the variety of caregiving situations characterising its own country.

The service provider

To get a broad information concerning service providers perspectives the number of interviewed service providers is depending upon:

- ❖ The number of available main types of services that we can identify by the family caregivers but also from other sources (since we also are interested in non-usage): institutional, semi-institutional, at home concerning health care service, personal care, domestic service, service for the caregiver.
- ❖ The same geographical regions, urban, rural areas as the interviewed family caregivers.

Sampling plan

Each country have to make a plan for each region and area, which describes the number of interviewers in each area, the planned number of recruited interviewees and interviews per month (or other periods) this makes it possible to control that the interview process makes progress. This plan can also contain the time schedule for sending the reports to the national centre. (see: Annex 2)

The same approach to the common sampling plan in each of the core countries as well as applying the same protocol of study ensures the cross-cultural comparability of the obtain results.

Information to the family caregivers (interviewees)

Once a caregiver is identified through one of the above described recruitment methods, he/she will be given an information, preferably in written form of letter or handbill/ poster (see Annex 3, *each partner has to write this cultural adapted information*). This shall consist of:

- ❖ the aims and short description of the study
- ❖ a description of the general contents of the questionnaire;
- ❖ the request of voluntary participation;
- ❖ the explanation of the possibility to drop out from the study at any time;
- ❖ the information that the data gathered for this study are confidential, so that no personal identification information will be released at any time;
- ❖ how the interviews will be arranged concerning time and place, explaining that the interviews will generally take place in the interviewee's own home or another place preferred by the family caregiver in order to grant a higher level of privacy to his/her answer with respect to the cared for elderly.
- ❖ that the interview will follow a structured form
- ❖ that he/she might be contacted one year later for a second, much shorter interview by phone or mailed questionnaire (related to the follow-up).
- ❖ information about name of the interviewer (if possible) their telephone number and address as well as name, address and telephone number of both the person in charge for the project in the region/nation and the person responsible for the data gathered, in order for the interviewed person to ask for a modification or to delete information he/she has given.

The Common Assessment Tool [CAT] for the family caregiver interview

Family caregivers will be interviewed following a structured questionnaire CAT (Common Assessment Tool) with mainly structured response alternatives and just a few open questions (see: Annex 4).

The questionnaire is divided into sections, each corresponding to one of the domains investigated through the survey. Within the questionnaire, questions are codified univocally, in order to identify both the section it belongs to and the order within the specific section. The codes of the single variables are placed in the questionnaire immediately before the related question, in order to facilitate the performance of data entry tasks.

Each interviewer will be provided with a guide explaining how to use the questionnaire and how to interpret and code certain questions, which might result particularly difficult to understand or needing a special coding. The detailed instructions on completing the CAT are included in the User Guide (see: Annex 5)

The CAT interrogates about the family caregiver's role: workload, burden, positive and negative aspects of care, etc. as well as the family caregiver's and elder's situation and needs of support. The carers are asked to describe their experience with and opinion about any services providing support for the elder and/or the family caregiver. Additionally, information about their wishes and ideas about possible support measures will be collected as well as information about the direct costs (money for care products, transport, care services etc.) and indirect costs (loss of income, loss of pension claims etc.) related to the care for their elderly family member.

Project workers involved with the NASUR - role and responsibility

National centre

Each country has a national centre that is responsible for the national parts of the EUROFAMCARE project and therefore conduct and co-ordinates the national survey (see Annex 6). The national centre reports to the European centre in Hamburg and interact with the other six national centres involved in the NASUR.

Local co-ordinators

There is one local co-ordinator for each region where the data collection will be carried out (see Sampling). The local co-ordinators should be recruited among candidates with similar characteristics mentioned below for interviewers (see next paragraph), but will have to show a higher ability to co-ordinate groups, interact with local authorities and capacity to solve the practical problems often connected with a data collection. They will undergo a training in order to become themselves trainees of the interviewers that they will recruit on a local basis. One possible solution for this is also that the co-ordinator him/herself is an interviewer – this could even contribute to a better understanding of the contents of the activities to be performed - however the two tasks should be clearly differentiated in order to prevent overlapping of duties or conflicting situations. In this case, one way to solve this kind of problems is to set a specific payment for co-ordinating tasks, supplementary to the payments agreed for the interviews.

Local co-ordinators, under the supervision and in co-operation with the national teams, will be charged with the following tasks:

- ❖ contacting local institutions and organisations in order to announce the study and eventually to obtain lists of subjects to be interviewed;
- ❖ recruitment and training of interviewers; to list the interviewers engaged in the study with univocal codes for each country should be prepared (see Annex 7);
- ❖ the documentation for the data collection (letters to be sent to subjects, monthly progress reports including note of refusals, and any other cause for missing interviews).

A short, written overview containing the aims of the project, the methodologies used to carry it out and the guidelines to be followed to ensure the success of data collection on a local level can be useful to provide support and concrete suggestions to local co-ordinators. This overview - to be handed out to the local co-ordinator even before the actual training session takes place, in order to stimulate early questions and exchange of ideas on how to solve practical problems - should ideally include at least following information:

- ❖ background of project;
- ❖ main deadlines related to data collection;
- ❖ background of sampling procedures agreed at European and national level, and their impact for local data collection;

- ❖ copy of the survey questionnaire (CAT)
- ❖ User's guide for interviewers, including specifications about most "sensible" questions
- ❖ copy of the official description of the project that will be delivered to the interviewees and the written informed consent (if used)
- ❖ interviewer's training curriculum and manual
- ❖ a draft for an agenda of the training meeting;
- ❖ handling of ethical and safety issues

Tasks of the local co-ordinator

During the data collection, local co-ordinators are expected to carry out following tasks, under the direct supervision of the national co-ordinator:

- ❖ co-ordinate the chronological sending of letters to the potential interviewees to invite them to participate to the survey (or if it is sent by the national centre it should be in dialogue with the local co-ordinator); this should take into account the number of interviewee to be recruited, the number of interviewers, the number of interviews which each interviewer can carry out in a given period of time, as well as the estimated number of possible refusals in a given period;
- ❖ keep periodic contacts with the interviewers, for solving any doubt or difficulty that may arise, as well as taking note of how many interviews have been completed;
- ❖ collect completed interviews regularly, after having ascertained their completeness, and send them to the co-ordinating national centre, to allow for data checking and data entry.
- ❖ A useful tool for the timely and proper accomplishment of the above described tasks has been identified in the monthly progress report, a short document which each local co-ordinator should send within the 25th day of each month to the national centre. This progress report, whose compilation can be facilitated through the use of a special forms, shall contain information from each local site where the interviews have been carried out and possibly for each recruitment channel (door-to-door, advertisement etc.), the number of completed interviews and the number of unsuccessful contacts, specifying the reasons for missing interviews such as exclusion, refusal, death, not found, admitted to hospital, etc. (see Annex 8 and 9). Above this each national centre can decide the detail level.

Monthly progress reports is a tool for monitoring the progress of the data collection on a local, national and European level, since they allow for a timely identification of possible gaps between the numbers of expected and of really performed interviews, their localisation and main reasons for that. In order to be effective, however, it is therefore necessary that deadlines are respected by everyone involved in the project.

Interviewers

Interviewers experienced with data collection in research with older people will be recruited among candidates graduated in sociology, psychology, nursing and health, as well as social workers, geriatric nurses or other professionals involved in the field of social and health work. One specific aspect to be mentioned here regards the necessity to exclude from the interviewers any professional who, belonging to the organisations possibly providing services to the interviewees, might be more or less (bureaucratically or even only emotionally) involved in the answers provided by the interviewees to the questions regarding the use and satisfaction of local services. Only if a previous, documented qualification in this field is available, other candidates such as qualified students could be taken into consideration. In any

case, personal communication skills and interest in the project should be taken in particular consideration for their selection.

Information to be provided to interviewers should include:

- ❖ background of project;
- ❖ copy of the questionnaire and of the official document that will be delivered to interviewees;
- ❖ user's guide for interviewer including specifications about most "sensible" questions
- ❖ handling of ethical and safety issues.

Tasks of the interviewers

- ❖ contacts with local co-ordinators for planning of interviews;
- ❖ modalities of (postal and phone) contact of the interviewees;
- ❖ use of filter questions to identify carers;
- ❖ recording outcomes of the initial contacts in terms of reasons for exclusion of elected subjects from the study (see Annex 8 and 9);
- ❖ information to be provided to the interviewees, including the possible need for informed consent forms and the follow-up study;
- ❖ modalities of collection of completed interviews;
- ❖ suggestions regarding safety and proper behaviour before, during and after interview.

Communications between local co-ordinators and interviewers

It is important that each interviewer hands his/her first interview to the local co-ordinator as soon as possible, so that any doubt or difficulty that may arise, can opportunely be solved.

Interviewers should take frequent contact with their local co-ordinator, both for solving any doubt or difficulty that may arise, and to communicate, at least monthly how many interviews have been completed, and how many unsuccessful contact have been made for each local site.

Reporting

Interviewers will send the completed questionnaires including their eventually comments and the list of interviewees that will be contacted in the follow-up to the local co-ordinator, who will send them to the national centre for data entry.

Each interviewer has to keep a record using the Annex 8 and 9 which contains basic data concerning the contacts with the subjects included in the sample, and participating interviewees, refusals, and Annex 10 for those who wish to participate to the follow-up study . This data is for completing the follow-up study, the final sample profile and for controlling the data collection progress and will subsequently be destroyed after the total study is finished.

For some partners it would be appropriate to also make a record concerning the time for each interview it depends on how the partners decided the payment.

With a monthly frequency or more frequently, interviews should be collected by local co-ordinators, who after having ascertained their completeness should send them to the national centre.

At the end of each month, each local co-ordinator should send a progress report to the national centre (Annex 8 and9).

Agreement

Before the interviewer will start her/his work it is important that an agreement (see Annex 11) is made between the local co-ordinator and the interviewer concerning:

- ❖ What the interviewer shall deliver in terms of number and frequency of interviews and reports, working hours, travel expenses etc.
- ❖ How to keep contact with the local co-ordinator
- ❖ The payment (salary, per hour/delivered interview etc and expenses for e.g. travel)
- ❖ That the interviewer consider that she/he:
 - has understood the aim of the project
 - will conduct the interviews following the instructions including ethical aspects

The local co-ordinator is responsible to ensure that the above criteria will be met (see Annex 12).

Training and instructions for the interviewers

Preparation for the interview training session

Booklets are to be sent out in beforehand including:

- ❖ Invitation for the training session
- ❖ Presentation of the project
- ❖ The Common Assessment Tool (the questionnaire)
- ❖ Users guide

Interview training session

The session ought to contain:

- ❖ Presentation of national and local team members
- ❖ Presentation of the Eurofamcare project and NASUR
- ❖ The method for the local recruitment of interviewees
- ❖ Time schedule
- ❖ The CAT and the Users guide
- ❖ How to conduct the interviews including ethical aspects
- ❖ Interview training using CAT and the Users Guide
- ❖ Follow up questions and comments
- ❖ Document eventual problems that must be handled by the national centre
- ❖ How to communicate with the local co-ordinator
- ❖ Administration of reports etc
- ❖ Agreement concerning responsibilities and payment

Training on Common Assessment Tool (CAT)

Go through the CAT and the Users guide concerning:

- ❖ The structure of the questionnaire, i.e. it consists of questions about elder, family care's situation and services using mainly structured questions with response alternatives.
- ❖ Interpretation of questions and answering alternatives.
- ❖ How to fill in the form (the necessity of filling all the cells, writing all answers)
- ❖ For interviewer's remarks use a blank page for each interview at the end of the questionnaire.

How to conduct the interviews - Information for the interviewers and ethical practices

The interviewers has to know that there can be different situations for informing subjects included in the study depending upon the recruitment method:

- ❖ a short letters of intend (or handbill) should be send or delivered to the family caregivers (*each partner has to decide how this is managed*) when the family caregivers are recruited by register, organization, professional, snowball etc.
- ❖ the letter has to be given and also oral presented to the family caregiver directly by the interviewer (door to door recruitment),
- ❖ a combination of the two above mentioned approaches.

In the letter the inclusive criteria of the study will be explained and the contact details of the trained interviewer (name and phone number) will be inserted with the request to participate in the survey. It will be explained that the interviewer contacted by phone will provide any further information that should be required, and arrange a meeting for a face-to-face interview or time for a telephone interview, and that the interview will follow a structured form. The interviewer should inform the participant that interview may last till one hour and half, and take it into consideration when fixing the appointments, avoiding certain hours, such as for instance just before lunch or dinner. The interviewer should also discuss the possibility to arrange the interview without the cared for being present if the interview is conducted in their home. Interviewers should take note of the outcomes of each contact or attempt to get contact with family caregiver (see Annex 8 and 9).

Theses information should be passed over to the local co-ordinators.

In case more than one person per household is selected, only the primary caregiver can be interviewed.

Starting the interview

- ❖ Be aware of the first impression you make on the interviewee. Greet properly upon being received in the home and wear the identification card, containing names and generalities and, if required - *each partner will have to produce own identity documents*;
- ❖ It is important to be aware of the significance of the interview situation from the family carer's perspective, i.e. answering questions in a social situation (it can mean a new experience or similar to previous experiences like passing exam or answering a clerk's questions)
- ❖ Introduce yourself and the project unit you represent, briefly explain the purpose of the study, inform interviewee that she/he is not obligated to answer any questions perceived to be uncomfortable;
- ❖ Assure the interviewee that no coercive measures will be taken in that event, and also encourage the interviewee to let the interviewer know when a question is particularly uncomfortable to answer;
- ❖ Become familiar with the subject's environment, establish relationship and trust, ease possible anxiety about the interview;
- ❖ In some countries each interviewee has to sign two copies a human consent to (or elder's consent to let the family caregiver) participate in research before initiating interview, one of them should be left to the participant, the other will be passed over to the local co-ordinator and stored by the national centre.

During the interview

- ❖ If the Elder takes part in the interview situation it is important to be clear and distinct about for whom the questions are intended and why without being impolite, that might be needed to repeat during the interview.
- ❖ Ask the name of the elderly whom the interview is referred to and use his/her name or the relationship to the carer to the word ELDER that appears in the questions of the questionnaire;
- ❖ Listen carefully and attentively, show interest in what the interviewee is saying, follow his/her pace, explain change in topics when moving on from one question to another, challenge question in a sensitive manner when clarification is requested, use positive appraisal when appropriate to encourage the interviewee to go on;
- ❖ Don't interrupt the interviewee, don't keep repeating what the interviewee has said, don't infer something the interviewee has not said, don't make irrelevant distracting comments, avoid passing judgement, disapproval, intervening in ideas, and assisting the interviewee with his/her answer, don't ignore interviewee's feelings, don't ask several questions at the same time, allow the interviewee enough time to think about the question before moving on to the next question;
- ❖ If the interviewee has difficulties to answer a question
 - be quiet, wait and listen
 - repeat the question and the response alternatives (if necessary)
 - explain difficult questions further (using the standardised examples)
- ❖ Respect the interviewee's decision if she/he does not want to answer a question or complete the interview (if it is possible and not inconvenient get some important background data for the drop-out analysis e.g. age, relationship to elder, sex);
- ❖ Questions are to be read as they are written without variation; avoid using specialised words or phrases that suggest a double meaning; avoid communicating in a manner that might patronise the interviewee or suggest to him/her that she/he has inferior intelligence, or suggesting that she/he is not doing his/her best to 'stay fit,' or criticise them in any way for any behaviour or lack of it. This is important for maintaining consistency in the way the question is asked;
- ❖ Correctly and honestly represent the interviewee's meaning in recording the responses.
- ❖ If you experience that the interviewee is in great need of help – don't take response for solving the situation but encourage the person to seek for help and tell them where to go. Each local co-ordinator has to prepare the interviewer what/who they can refer to in the area (see Annex 9).
- ❖ If the interviewee is too tired or too upset to continue the interview, offer another time for continuing the interview (if it is possible and not inconvenient get some important background data for the drop-out analysis e.g. age, relationship to elder, sex);
- ❖ At the end of the interview ask if they will participate in the follow-up study, make a record of their name, address, phone number in the prescribed form; (see Annex 10)

Ending the interview

- ❖ Check the whole questionnaire in order to ascertain:
 - that all questions have been correctly filled in, including those questions that should not be asked to the interviewee but filled in by the interviewer (N/A, inapplicable and not answered);
 - that answers are coherent;

- for those questions that mention responses such as “other please specify”, that the related answer can be correctly classified among coded answers;
- ❖ Upon completion of the interview, thank the interviewee for his/her time and participation.
- ❖ Be sure that they got the address and your and the local coordinator's/responsible researcher's at the national level phone numbers and addresses if they have any further question afterwards.
- ❖ Be sure that the first page of the questionnaire is filled in properly.

Training interviews

The interviewers shall interview each other asking each question in the questionnaire and the answers will be based on created imaginary cases (a created case that describes a fictitious caring situation for the interviewee).

Another idea is to video-record a training interview and discuss it later with the interviewers or that they video-record themselves.

Each partner/local co-ordinator has to record the agenda, time, place and participants of the interview training.

List of Annex

Each national centre has see to that the annexes below are available.

- Annex 1 Distribution of the national sub- samples according to regions, localities and sites.
- Annex 2 Sampling plan over each area, number of interviewees, interviewer and time schedule
- Annex 3 Written information to the interviewees
- Annex 4 Common Assessment Tool (CAT)
- Annex 5 User Guide to CAT
- Annex 6 List of members of the national centre
- Annex 7 List of interviewers with univocal codes
- Annex 8 Monthly report on study progress, the amount of interviews
- Annex 9 Monthly report on the outcomes of contacts per each recruitment channel
- Annex 10 List of those who will participate in the follow-up study, make a record of their name, address, phone number
- Annex 11 Interviewer Agreement
- Annex 12 Award of Contract for the local co-ordinator