

Surveying to Success: Using Qualtrics in Your Research

Logging in to Qualtrics

To log in to your KSU Qualtrics account, go to kent.qualtrics.com. Enter your FlashLine username (without @kent.edu) and password.

Key Terms

Block	A group of related questions on a Qualtrics survey.
Skip Logic	Skips past the remaining items in a block of the survey, based on some condition.
Display Logic	Displays a given question to the user, based on some condition.
Branch Logic	Similar to Display Logic, but used when you have one or more blocks of questions that should be displayed (or not displayed) based on some condition. Use to implement Informed Consent statements, inclusion or exclusion criteria, and more.
Forced Response	Requires users to answer a given question before advancing to the next page.
Content Validation	Checks if the text entry for a question matches a certain format (e.g. numeric input, dates, phone numbers, zip codes, email addresses, ...)
Carry Forward Choices	Choices that a user has selected for one question are “carried forward” to be the choices for another question, effectively filtering out unselected choices. Can improve user experience for ranking questions by only asking users to rate/rank items that are relevant to them. Pair with display logic for best results.

Commonly Used Question Types in Qualtrics

Descriptive Text	Simple text display with no user input. Use for introduction messages or special directions.
Multiple Choice	Encompasses both “Single Answer” and “Multiple “Answer” (“check all that apply”) questions.
Text Entry	User enters text. Pair with content validation to assure data quality, especially when the desired response is a number (e.g. “How many years have you been teaching?”)
Matrix Table	Compactly presents a table of several items that are all answered on the same scale. Often used with Likert scales, but can also use text entry or constant sums.
Constant Sum	User enters numeric values that are then summed. Conceptually, the numeric values being captured must have the same units. For example, “In the last week, how many hours did you spend on: 1. Replying to emails? 2. Grading? 3. Planning lessons?”
Rank Order	Users are shown a list of items and must order them.
Timer	Records how long a user has spent on a given page of the survey and how many times they have clicked. Useful for estimating how long it takes to respond to labor-intensive questions, as well as the overall time to complete the surveys.

How do I get my survey data into my data analysis software?

Data can be exported in **CSV**, **SPSS** (*.sav), **XML**, and **TSV** formats. For users of SAS, NVivo, Stata, or JMP, we recommend exporting in CSV format; for users of R or SPSS, we recommend either CSV or SPSS format.

Additional Qualtrics tutorials can be found at libguides.library.kent.edu/qualtrics

Side Effects Survey

Perceived side-effects

Q1.1 Have you experienced any side-effects since you started taking Drug X?

- Yes
- No
- Don't know

Q1.2 Please tell me more about these side-effects.

Next, I am going to read you a list of side-effects that some people say they feel when they are on Drug X. Of course, not everyone feels these side-effects, so please tell me whether you have experienced any of these side-effects in the past month. If you have experienced the side-effect, then I will ask you how much it has bothered you.

Q1.3 In the past month, have you experienced any of the following? *If yes: Has this side-effect been very bothersome, somewhat bothersome or not at all bothersome?*

	Yes	No	Very bothersome	Somewhat bothersome	Not at all bothersome
Fatigue or loss of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fevers, chills or sweats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling dizzy or light-headed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain, numbness or tingling in the hands or feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble remembering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea or loose bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloating, pain or gas in your stomach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartburn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q1.4 Now I want to go over your prescribed doses of Drug X. Please enter the number of pills you have been prescribed to take each morning, afternoon, and evening. The total number of pills per day will be automatically computed for you.

Number of pills			
Morning doses	Midday doses	Evening doses	Daily total