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WHITEPAPER

Survey Length vs Response Rates in Patient Experience: What Real-World Data Really Shows

Whitepaper

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Introduction

Do longer surveys really reduce response rates?

It's a common concern, and an understandable one. Many healthcare leaders worry that adding more questions will discourage patients from responding at all. But in modern, digital patient experience surveys, this assumption doesn't hold up.

What matters far more than length is relevance. When surveys feel meaningful, personalised, and easy to navigate, patients are willing to engage - often in far greater depth than expected.

At Cemplicity, our experience working with Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs) over the past decade supports this. Across millions of responses globally, we have not observed a consistent relationship between survey length and response rates. To understand why, we need to look beyond assumptions and even beyond much of the existing research.

Why the "shorter is better" assumption persists

Much of the widely cited research suggesting shorter surveys perform better comes from older, paper-based methodologies.

In those contexts, survey length is immediately visible. A long questionnaire can feel daunting before a respondent even begins, naturally reducing participation. Digital surveys are different.

Respondents don't see the full length upfront. Instead, their experience is shaped by:

- How relevant the questions feel
- How smoothly the survey flows
- Whether the questions apply to their specific journey

While start rates don't vary based on the length of the survey, completion rates do. Strong completion rates depend on something else entirely: relevance.

When questions stop resonating, drop-off occurs. When they remain meaningful, respondents continue.

Healthcare is not like other industries

Another reason this assumption persists is that much of our survey experiences comes from low-involvement transactions in retail or banking.

In these contexts, a quick interaction often warrants only a simple metric like Net Promoter Score (NPS). Additional questions can feel unnecessary or burdensome.

Healthcare is fundamentally different.

A hospital experience is a high-involvement event, often carrying significant emotional and personal weight. Patients are far more willing to provide detailed feedback, particularly when they believe it will improve care for others.

This distinction is often overlooked.

What the research actually says

A closer look at commonly cited research reveals important limitations when applied to patient experience.

- A study from the University of Gothenburg's SOM Institute, **The effects of questionnaire length on response rate, non-response bias, and data quality**, found a statistically significant decrease in response rates of 2.7 percentage points for a 205-question survey compared to a shorter one[1]. Crucially, this effect was observed only in mail-based (paper) surveys, with **no difference in response rates for the corresponding web-based surveys**. More than this, no experienced quality manager would consider asking customers or patients to answer hundreds of questions.
- Another widely cited paper, **Impact of survey length and compensation on validity, reliability, and sample characteristics for Ultrashort-, Short-, and Long-Research Participant Perception Surveys**, found response rates of 64% for ultrashort surveys versus 51% for longer ones[2]. Crucially, they were not surveying patients about a recent healthcare experience, but instead from people who had signed up for a registry to participate in research studies. The motivation to complete a survey for someone participating in research, for curiosity or remuneration, is very different from someone who has had a health condition requiring treatment at a hospital.
- From a commercial perspective, Qualtrics reports that surveys taking longer than 12 minutes can lead to boredom and reduced response rates[3]. This finding is based on analysis across a broad range of data from customer, employee, product, and brand experience surveys. Once again, social science reminds us that context matters. A healthcare journey is far more personal and emotionally significant to individuals and their loved ones than their loyalty to a particular brand or their experience of a recent online grocery order.

[1] https://www.gu.se/sites/default/files/2022-11/2022-1%20Effects%20of%20questionnaire%20length%20(Sandelin%202022)%20v2_1.pdf
[2] Kost RG, de Rosa JC. Impact of survey length and compensation on validity, reliability, and sample characteristics for Ultrashort-, Short-, and Long-Research Participant Perception Surveys. J Clin Transl Sci. 2018 Feb;2(1):31-37. doi: 10.1017/cts.2018.18. Epub 2018 Jul 6. PMID: 30393572; PMCID: PMC6208327.
[3] https://www.qualtrics.com/en-au/experience-management/research/tools-increase-response-rate/

So, what does the research say specifically about patient experience surveys?

- A **Systematic Review of Strategies to Enhance Response Rates and Representativeness of Patient Experience Surveys**, published in Medical Care (the official journal of the Medical Care section of the American Public Health Association), analysed over 1,000 studies and included 40 high-quality studies in its final review[4]. The authors found **no correlation between survey length and response rate**, concluding that survey design and language play a more significant role.

What real-world data shows

Academic research often relies on older data and resource-intensive methodologies that are not always practical for care quality teams. Commercial research can provide useful signals but often lacks relevance to patient experience contexts.

To address this, we analysed our own patient experience response data from 1 January 2024 to 31 December 2024.

This included:

- Over 2.5 million survey invitations
- Coverage across four continents and 23 languages
- Surveys ranging from 10 to just under 70 questions
- A mix of private hospitals (just over 40%), public hospitals (~10%), and specialist services, including diagnostics and mental health

Focusing on surveys distributed via email, SMS, and WhatsApp, we found:

- An average response rate of **38%** across private hospital clients
- A high-performing client achieving **54%**

To assess the relationship between survey length and response rate, we applied a linear mixed effects model, accounting for geography, service type, and client-level variation. Model fit was evaluated using marginal and conditional R-squared values and the Akaike Information Criterion (AIC).

[4] Anhang Price R, Quigley DD, Hargraves JL, Sorra J, Becerra-Ornelas AU, Hays RD, Cleary PD, Brown J, Elliott MN. A Systematic Review of Strategies to Enhance Response Rates and Representativeness of Patient Experience Surveys. Med Care. 2022 Dec 1;60(12):910-918. doi: 10.1097/MLR.0000000000001784. Epub 2022 Oct 19. PMID: 36260705; PMCID: PMC9645551.

Results

Across surveys ranging from 10 to 67 questions, we found:

No statistically significant effect[5] of survey length on response rates (p = 0.470)[6]

We also conducted a simpler linear regression analysis:

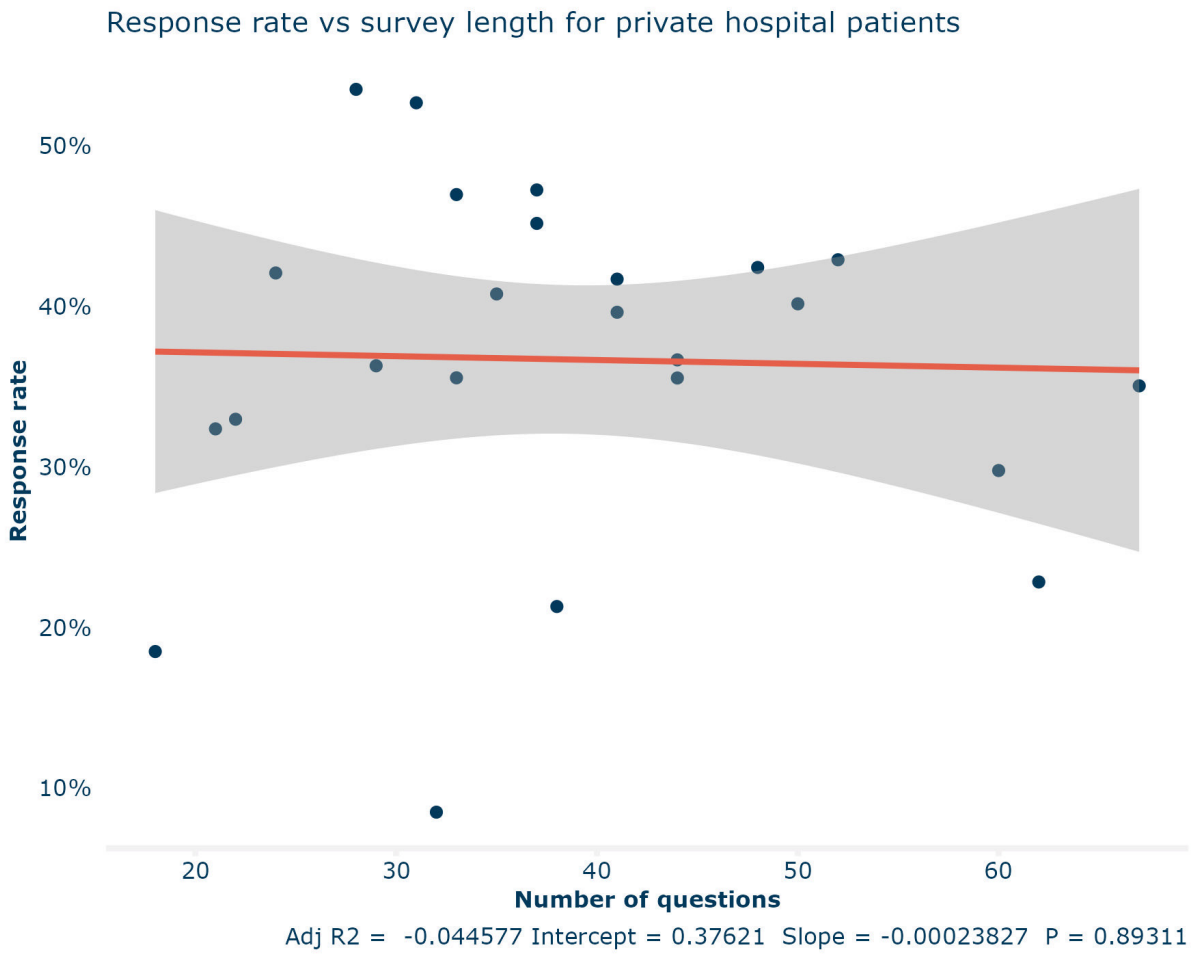

Figure 1 – Linear regression between response rate and survey length for private hospital patients.

The regression line shows a very slight downward slope (Slope = -0.0002), indicating a negligible decrease in response rate per additional question. However, the adjusted R-squared[7] and p-value confirm that this relationship is not statistically significant. The distribution of data points further reinforces the absence of any meaningful pattern.

[5] See appendix for a table of model results.
[6] A p-value is the probability that an effect is occurring due to random chance or if it is a real effect. In general, a p-value of less than 5% ($p < 0.05$) is considered significant.

Relevance, not length, drives engagement

Survey length does not determine whether respondents start a survey - start rates are largely unaffected by how many questions follow.

What matters is what happens next.

The key metric to monitor is **drop-off:** where respondents disengage after beginning. This often signals issues with:

Relevance

Clarity

Flow

With well-designed surveys, using logic to ensure questions are applicable and supported by clear, engaging copy, we rarely observe significant drop-off or require post-launch adjustments.

In practice, a more common challenge is the opposite: surveys being shortened at the request of stakeholders. This can create gaps in understanding, where domain-level ratings (such as ‘treated with respect’ and ‘involved in decisions’) appear uniformly strong but do not align with overall NPS. Without capturing the full patient journey, it becomes difficult to identify what is truly driving patient experience.

In these cases, questions are often reintroduced to restore a complete and actionable view - enabling robust key driver analysis to pinpoint where improvement efforts will have the greatest impact.

Conclusion

The response rates of real-world patient experience surveys are not affected by survey length.

For care quality teams, this means surveys can be used for far more than high-level measurement. A well-designed survey, with carefully targeted, relevant questions, can drive meaningful operational improvements in both patient experience and outcomes.

Some of our clients have applied this approach so effectively that they consistently achieve Net Promoter Scores in the 90s.

With our specialisation in patient-reported measures, we know that improving response rates is not about reducing survey length. Instead, we work with clients to optimise the factors that truly matter.

To learn more, see our article on **'A Great PREMs Survey Measures What Matters'**

Appendix – Linear mixed effects model results

Group	Term	Estimate	Standard Error	p-value
	(Intercept)	0.3781	0.0385	0.000
	Number of Questions	0.0007	0.0009	0.470
Geography	EU	-0.0610	0.0444	0.180
	New Zealand	-0.0993	0.0457	0.037
	Middle East	-0.2529	0.0686	0.002
	UK	-0.1069	0.0497	0.039
	South Africa	-0.1900	0.0813	0.025
Service Type	Diagnostics	-0.0801	0.0447	0.084
	Mental Health	-0.2959	0.0429	0.000
	MSK/Physiotherapy	-0.2316	0.0640	0.005
	Other	-0.1376	0.0406	0.002
	Private Specialist Service	-0.1044	0.0361	0.006
	Public Hospital	-0.1426	0.0587	0.024

Note: The reference for geographic area is Australia, the reference for Service Type is Private Hospitals. We can see that the effect size for survey length (Number of Questions) is tiny (0.0007), and the associated p-value (p = 0.470) indicates this is not statistically significant.

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