



Collecting Data for Research

A Statistical Perspective

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Data Format

• Is the data:

- Continuous e.g. age, birthweight, blood pressure, height
- Categorical e.g. gender, smoking status, marital status, ethnic origin
- Ordinal e.g. TNM stage, GCS, BIS index

Raw Data

Make sure you store raw data as much as possible. For example if you have the following set of measurements:

180, 130, 70

Do not store simply as:

High, Medium, Low

You might forget the thresholds used or decide to use different thresholds at a later stage

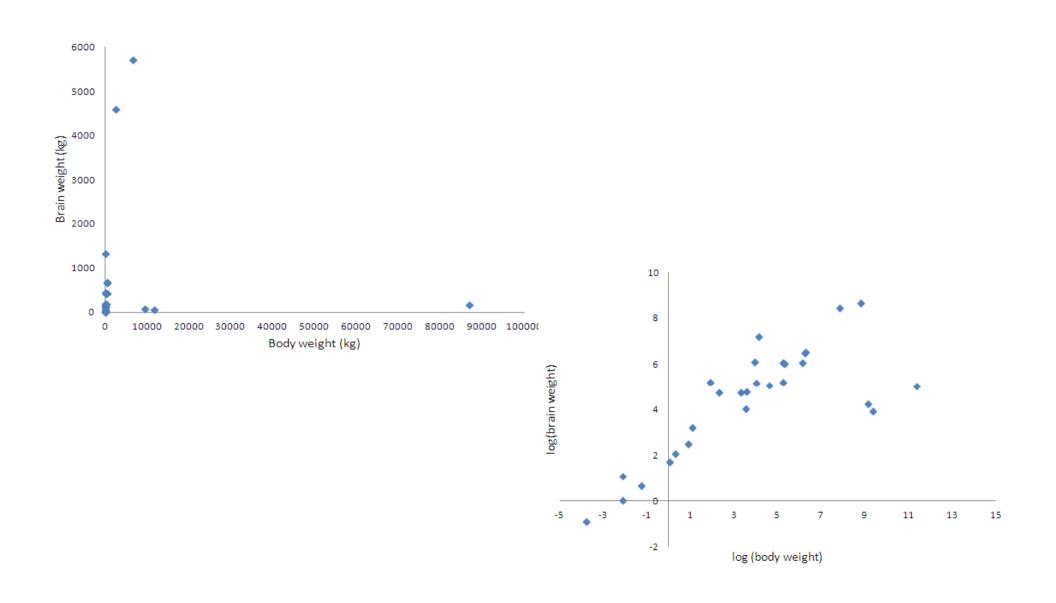
Accuracy

- How many decimal places does your data really have?
 - Average length of gestation = 9.3346785 months!
- Do not round up numbers too early:
 - 18.34807 rounded too early will give 18.35 and rounded second time will give 18.4 instead of 18.3
- Preserve the original number of decimal points:
 - 70.6003 should be rounded to 70.60 rather than 70.6

Follow-up Time

 It is better to record date of treatment and date last seen to calculate follow-up rather than just follow-up time

Data Screening

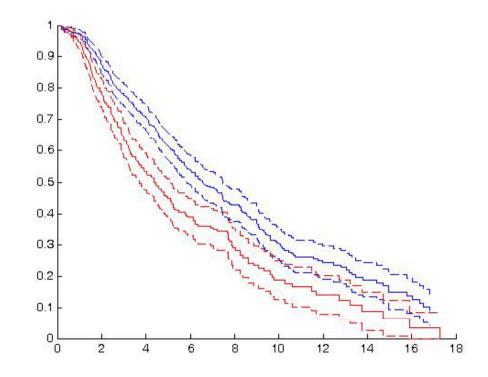


Missing Data

- Do not code missing data as 0 or 999.
 - In a cancer dataset, unknown TNM stage was coded as 99. The median TNM stage in the dataset was calculated as 16

More on Missing Data

• The "missingness" pattern is often informative



Subject ID

- Legislations often requires that data stored for research purposes are anonymised. However, without subject ID, it is impossible to:
 - query suspicious values
 - ascertain independence of subjects
 - follow subject up
- Pseudo-anonymisation is more appropriate

Transferability of Data

 Store your data in a format that is easily transferable between different software packages, e.g. comma separated text files (.csv)

Session Log

 It is a good idea to keep a log of the session rather than results only.

```
File Edit View Analyze Graphs Utilities Run Window Help

DO IF (outcome = 1) .

RECODE
survival
(50 thru Highest=1) (ELSE=0) INTO sur_m50 .

END IF .

EXECUTE .

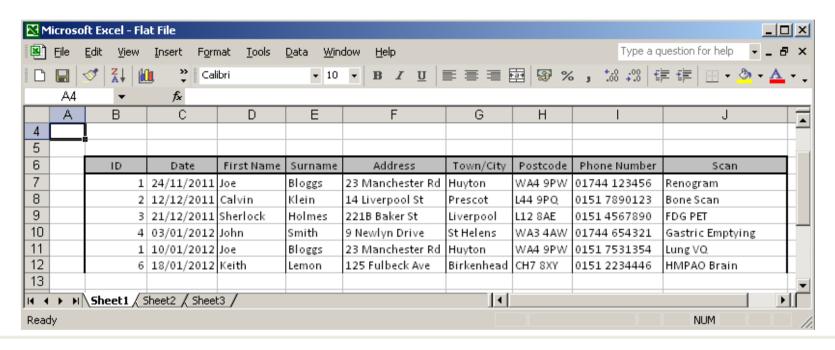
DO IF (outcome = 0) .

RECODE
survival
(50 thru Highest=1) (ELSE=SYSMIS) INTO sur_m50 .

END IF .

EXECUTE .
```

Flat Tables



As more records are added there is <u>increased</u> chance of duplication.

A patient has no phone number, lots of repeated empty fields, **inefficient use of memory.**

A field will have to be selected to prescribe the ID number, **potential for non unique records**.

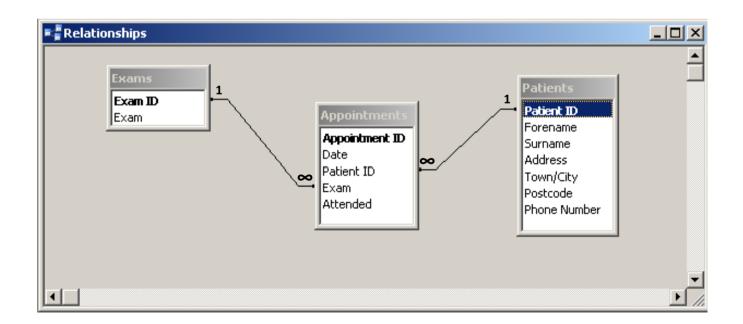
It can handle queries looking at a single fields only, **poor at complex queries.**

Multiple records for each patient making it harder to update.

All the information for each patient is in the one table, **poor at limiting access.**

Relational Databases

Hold their data in a number of tables instead of one. Records within the tables are linked (related) to records in other tables by way of common fields.



Relational Databases

Data is only stored once

- Avoiding data duplication
- Bypassing the need for multiple changes modifying/deleting
- Providing more efficient storage as blank/unnecessary fields are not repeated

Capable of complex queries

 Set complex criteria based on multiple fields to select/insert/update/delete/create/drop/calculate table records

Increased Security

Easy to limit which staff see which parts of the data