

TRANSLATING STANDARDIZED PEDIATRIC QUESTIONNAIRES: A SIMPLE TOOL FOR PROVIDERS

OVERVIEW

Clinicians caring for immigrant children (or children with immigrant parents) often need to use translated versions of standardized screening instruments, also known as questionnaires. Common questionnaires include the M-CHAT R/F (Modified Checklist for Autism in Toddlers), SWYC (Survey of Wellbeing of Young Children), PHQ-2 (Patient Health Questionnaire), and the EPDS (Edinburgh Postnatal Depression Scale). Some clinicians may also use locally-developed intake or assessment questionnaires.

Many widely used questionnaires have been **translated** and/or validated in other languages and cultural groups. For example, the SWYC, an early childhood developmental questionnaire, is available in English, Spanish, Burmese, and Nepali. The SWYC has also been **culturally adapted**. For example, an item in the English version of the 30-month SWYC asks whether a child can explain “the reasons for things, like needing a sweater when it’s cold.” Because sweaters are not worn in many parts of Burma, the equivalent question in the Burmese SWYC asks whether a child can explain why someone might need “a blanket when it’s cold.” Similarly, in Burmese and Nepali versions of the M-CHAT, the medical term for “deaf” was not used as native speakers of Burmese and Nepali who assisted with the translation found this term to be highly stigmatizing and offensive. Instead, the words “cannot hear at all” were substituted. When possible, those who design questionnaires should use questions and examples that are likely to be appropriate for children from many different regions and many different cultural backgrounds.

Translated questionnaires may also be **validated**. Validation involves administering both the questionnaire and another gold-standard diagnostic evaluation to members of the target language or cultural group. The goal of validation is to determine whether the scoring rules for the translated questionnaire should be the same as those used for the English version. Validation studies require a large number of participants who must undergo extensive testing. For this reason, validation is more expensive and less common than translation and cultural adaptation.

Existing translated, culturally-adapted, and validated questionnaires are invaluable when they are available. However, translations are not always available. In particular, clinicians working with relatively small or new immigrant populations often find the need to create their own translations. Typically, these translations will focus on content and semantic equivalence (ensuring that the meaning is the same). If translations are not available, see below for step-by-step instructions for preparing a translation. These instructions are based on our experience and expert opinion.

For step-by-step instructions for preparing a translation, please see the other side of this document.

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STEP-BY-STEP INSTRUCTIONS FOR PREPARING A TRANSLATION

STEP 1

Ensure that a translated, culturally-adapted questionnaire does not already exist. Consult the questionnaire's publisher, PubMed, and other clinicians (e.g., via the American Academy of Pediatrics' Section on International Child Health or the North American Society of Refugee Health Providers).

STEP 2

Ensure that you have the most current English-language version of the questionnaire.

STEP 3

Reflect on the socio-demographic status of the target population and answer three key questions:

- ▶ What is the typical reading level of the target population? (If there are no specific literacy needs, use the target reading level of the original questionnaire.)
- ▶ Will your translation be in the preferred language of the target population or in a lingua franca that is comprehensible to many people but may not be their preferred language? For example, Burmese is spoken by many immigrants from Burma, but the preferred languages of patients' parents may include Karen, Rohingya, or Chin. Similarly, Kiswahili is a lingua franca in much of East Africa, but preferred languages may include Kikuyu or Turkana.
- ▶ Do you want your translation to be comprehensible to everyone who speaks the target language (e.g., Spanish) or do you want to use vocabulary, grammar, and syntax that are most familiar to people from a specific region or country (e.g., Mexico)?

STEP 4

Select a translation strategy. Three common approaches include:

- ▶ **Forward-translation/Back-translation:** This approach first consists of a fluent, bilingual individual translating the questionnaire from English into the target language (forward-translation). Then, a second fluent, bilingual individual, who has not studied the English-language version of the questionnaire, translates the new version back into English (back-translation). This is the most affordable approach to translation. However, it does not include cultural adaptation and is often adequate only for the simplest questionnaires (e.g., intake forms and demographic surveys).
- ▶ **Cultural Comparability Team:** This approach was developed by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program. The Cultural Comparability Team approach combines forward-translation with cultural adaptation. Two qualified, bilingual individuals independently prepare the forward-translation. Their work is reviewed by a third bilingual individual who attends to reading level, cultural considerations, and accuracy. All three individuals then meet to address any problems identified by the reviewer and create a reconciled version of the translation.

- ▶ **World Health Organization:** This approach also builds on forward-translation/back-translation. Subsequent to forward-translation, a bilingual expert panel reviews the translation with attention to reading level, cultural considerations, and accuracy. The expert panel produces a reconciled version of the translation. An independent translator then uses this version to produce a back-translation, focusing on potentially problematic items flagged by the expert panel.

STEP 5

Hire and train translators. Ensure that the individuals completing the forward-translation(s) fully understand the English version of the questionnaire, with particular attention to technical terms, intended meaning of each item, and concepts.

STEP 6

Complete translation.

STEP 7

Pre-test the translations with native speakers of the target language. Pre-testing should include individuals who are representative of those who will be administered the questionnaire (e.g., immigrant parents from Burma with young children). Typically, 10 individuals are sufficient for pre-testing, but more individuals should be included if the target population is very diverse and fewer may be needed for relatively simple questionnaires. Pre-testing should include cognitive interviewing. During cognitive interviews (also called debriefing), respondents explain how they understood each question and why they selected a particular response to each item.

STEP 8

Revise the translation.

STEP 9

Proof-read and then format the translation to exactly match the format of the English-language version. This is critical, as it allows clinicians who do not speak the target language to score the translated questionnaire. For example, in both the English-language and Arabic versions of the M-CHAT, "no" responses are in the right-most column. This allows clinicians to easily determine which questions have a "no" response regardless of the language of the questionnaire. If space is available, include the English version of each question and response within the translation. Be sure to number each question. Assign the final translation a version date in case revisions are required in the future.

STEP 10

Document the translation process, including items that were difficult to translate and items that required cultural adaptation.

STEP 11

Disseminate your translation to others. Use professional associations, practice-based research networks, and other avenues to ensure that others can find your work. Post information online for maximum accessibility and embed translations within Electronic Medical Records (if appropriate) for ease of use.