

# CP QOL

Cerebral Palsy Quality of Life

## Cerebral Palsy Quality of Life Questionnaire for Children (CP QOL-Child)

Translating the CP QOL-Child ©  
into languages other than English

### Translation Guidelines



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## Translation Guidelines

A series of steps for forward backward translation are outlined in this document. For all steps in the process, it is recommended that the translations and decisions are documented clearly.

We ask that you send the CP QOL-Child<sup>®</sup> team relevant documentation, as outlined on page 14, in order to build an international understanding of what work is being conducted in various parts of the world. We will keep a current update of translations on our website:

[www.cpqol.com](http://www.cpqol.com)

Please send relevant information to:

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**Background:**

These translation guidelines have been developed based on standardised processes being employed for comparable international measures.

We specifically acknowledge the assistance of the KIDSCREEN team: Professor Ulrike Ravens-Sieberer ([www.kidscreen.org](http://www.kidscreen.org)).

The following references were employed.

The MAPI Linguistic Validation Process provided on the website  
<http://www.mapi-research-inst.com/lvprocess.asp>.

Ulrike Ravens-Sieberer and Eva Noack 1996: The Translation of the English Colorectal Cancer Module into German; EORTC Study Group on Quality of Life.

Report from the EUROHIS Mid-Term Review, 2-4 Nov. 2000, WHO Regional Office for Europe, Copenhagen

MOS Translation Criteria, Medical Outcomes Trust, July 1997 BULLETIN;  
<http://www.outcomes-trust.org/bulletin/0797bltn.htm>

The International Quality of Life Assessment (IQOLA) Project  
<http://www.iqola.org>

The World Health Organisation Process of Translation and Adaptation of Instruments  
[http://www.who.int/substance\\_abuse/research\\_tools/translation/en/index.html](http://www.who.int/substance_abuse/research_tools/translation/en/index.html)

## **Step 1: Forward Translation**

### **Who should do it?**

Rather than solely being professionals in translation, the respective translators must have experience in test development and/or the research fields concerning Quality of Life in Children and/or cerebral palsy.

The translators need to have the following qualifications:

- Native speakers of the respective target language;
- Knowledge of both English and the target language;
- Familiarity with the cultures, both of English speaking countries as well as of the target countries;
- Experience in test development and/or in the content of the research fields concerning Quality of Life in Children.

**Two translators are to translate the CP QOL-Child® questionnaire independently from each other into the respective target language.** The translators are asked to use natural and acceptable language for the broadest audience and to be simple, clear and concise in their formulations.

The following guidelines may be given to the translators:

- The translators should always focus on conceptual equivalence rather than on literal word-for-word translation. The translators should always try to grasp the most relevant meanings of the English terms and translate them accordingly.
- The translators should try to be simple, clear and concise in their formulations - long sentences with many clauses should be avoided.
- The translators should take into account how the typical respondents (children and parents) will understand the items.
- The translators should take the age of the respondents into consideration and thus should not use any jargon or terms that would be difficult to understand. The translation has to be clear, simple and comprehensible. Double negatives should be avoided.

The two forward translators provide two forward translations; Forward Translation 1 and Forward Translation 2.

## **Step 2: Reconciliation of items**

To reconcile the two independent forward versions a reconciliation meeting should be held. The two translations should be compared and assessed in terms of their conceptual equivalence, comprehensibility and clarity of speech relative to the English CP QOL-Child<sup>®</sup> questionnaire.

Participants in the reconciliation procedure should document their assessments item by-item. They should select the best translation or if neither is adequate suggest another translation. They should focus on differences in culture and linguistics which may cause difficulties when transforming the English version into the target languages. A reconciled version is to be derived by means of a subsequent discussion between the participants.

The Reconciled Forward Translation consists of the best fitting translations of the items.

### **Step 3: Backward Translation**

The Backward Translation is designed to assess the conceptual equivalence of the Reconciled Forward Translation and the English CP QOL-Child<sup>®</sup> questionnaire. The Backward Translation and the CP QOL-Child<sup>®</sup> questionnaire are supposed to be very similar. If they are not, discrepancies can be identified and corrected.

The backward-translator must have the following qualifications:

- Native English speaker;
- Meet all other qualifications see above (forward translator).

The Reconciled Forward Translation is back-translated into English by the backward translator. The backward translator is not supposed to have worked with the CP QOL-Child<sup>®</sup> questionnaire before. The guidelines as described above (guidelines for forward translators) may also be given to the backward translator. The result of the backward-translation-process is a back-translated version of the Reconciled Forward Translation.

#### **Step 4: Review of the Forward and Backward Translation**

The review is designed to assess the entire forward-backward-process in order to provide a Final Forward Translation. Participants in the review procedure should be:

- Two members of the research group with good knowledge of both English and the target language;
- One of the forward translators;
- If available, external experts with experience in instrument development and translation.

Focusing on conceptual differences, the backward translation is to be compared with the English CP QOL-Child<sup>®</sup> questionnaire. The participants review the translation item-by-item by comparing the back-translated items to the English source items.

The aim is to develop a Final Forward Translation document.

The translation should be simple, clear and concise. There should be no conceptual discrepancies between the English CP QOL-Child<sup>®</sup> and the Final Forward Translation. The focus lies on achieving conceptual equivalence and clarity as well as using colloquial language.



### **Stage 5: Pre-test (Cognitive Interviews)**

The Pre-test is expected to show whether all items can be understood and are acceptable. 6-8 children with cerebral palsy (9-12 years) and 6-8 parents (of children with cerebral palsy aged 4-12 years) should participate in an individual pre-test. They should represent children across levels of functioning and education. Test participants should be provided a quiet place. Tested individuals should be informed about the objective of the pre-test.

Pre-test respondents should be administered the instrument and be debriefed. This debriefing should ask respondents:

- a) what they thought the question was asking;
- b) to repeat the question in their own words;
- c) what came to their mind when they heard a particular phrase or term;
- d) to explain how they choose their answer.

These questions should be repeated for each item. The answers to these questions should be compared to the respondent's actual responses to the instrument for consistency. Respondents should also be asked about any words they did not understand as well as any word or expression that they found unacceptable or offensive.

When alternative words or expressions exist for one item or expression, the pre-test respondent should be asked to choose which of the alternatives conforms better to their usual language.

### **Step 6: Validation study**

It is recommended that the psychometric properties of the translated version of the CP QOL-Child<sup>®</sup> are tested. In addition to the CP QOL-Child<sup>®</sup>, socio-demographic information should be included. If possible a validated generic QOL/health questionnaire for children, such as KIDSCREEN or the Child Health Questionnaire should also be included.

The validation study should be a cross-sectional study including at least 200 children with cerebral palsy (9-12 years) and 200 parents of children with cerebral palsy (children aged 4-12 years).

Researchers in the translating country should decide on the most appropriate means of selecting children.

## References

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