

Translation of (S)WEMWBS into other languages, and using Translated Versions

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Appendix 1

Standard Guidance / Guidelines

1. The cross-cultural adaptation of health scales is very challenging. The aim of the process is to achieve language versions that are conceptually equivalent (i.e. carrying the same meaning) in different countries/cultures rather than merely linguistically equivalent (i.e. the substitution of a word in one language into a word that is literally the same in another language). Fortunately several guidelines for producing translated versions have been developed. Those produced by Beaton et al (2000) are particularly helpful. In brief, it is required that:

- The original scale is independently translated by at least two people who are native speakers in the new language, one of whom knows about the instrument and the concept under investigation and one of whom does not (stage 1)
- These translations are synthesised by the two translators with a recording observer, using consensus to resolve disagreements (stage 2)
- The agreed translated version (stage 2) is back translated into the original language by at least two native speakers blind to the original version (stage 3)
- An expert committee consolidates all versions of the questionnaire and develops a pre-final version for field testing (stage 4).
- A small sample (30-40) of participants in the target setting completes the pre-final version of the questionnaire, and is subsequently interviewed to assess question comprehension and interpretation (cognitive testing) (stage 5).

If possible, a sixth stage, psychometric testing, should be added. This would entail the conduct of empirical studies to assess the scale's reliability (e.g. internal consistency, test-retest), validity (e.g. face, content, construct, criterion) and responsiveness to change.

Alternative (similar but not identical) guidelines have been developed by several other authors, including Hunt & Bhopal (2004) and Guillemin *et al.* (1993) and the World Health Organization.

References

Beaton DE, Bombardier C, Guillemin F, Bosi-Ferraz M (2000) Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine* 25: 3186-91.

Guillemin F, Bombardier C, Beaton D (1993) Cross-cultural adaptation of health-related quality of life measures: literature review and proposed guidelines. *Journal of Clinical Epidemiology* 46: 1417-32.

Hunt SM, Bhopal R (2004) Self report in clinical and epidemiological studies with non-English speakers: the challenge of language and culture. *Journal of Epidemiology & Community Health* 58: 618-22.