

**WHODAS 2.0 TRANSLATION PACKAGE
(VERSION 1.0)**

**TRANSLATION AND LINGUISTIC EVALUATION PROTOCOL AND
SUPPORTING MATERIAL**

I. Preface

The WHODAS 2.0 Translation package provides protocols and supporting material for translation and linguistic evaluation of the WHO Disability Assessment Schedule.

The protocols and supporting material are for WHODAS 2.0 instrument versions, including:

- 36-item – Interviewer-administered
- 36-item – Self-administered
- 36-item – Proxy-administered
- 12-item – Interviewer-administered
- 12-item – Self-administered
- 12-item – Proxy-administered
- 12+24-item – Interviewer-administered

II. Translation and back-translation

Translation followed by back-translation is a common procedure used to assess the understandability of a source text and trace any inaccuracies or ambiguities in the source text that would need to be addressed to improve or otherwise be taken into account when finalizing the source text.

The procedure for the translation and back-translation is as follows:

1. The initial translation should be performed by qualified translators with excellent command of the language to translate from (source language) and with the language to translate into (target language) as mother tongue. Familiarity with health and disability concepts and terms is essential.
2. Once the translation is completed, terms and phrases that have posed problems must be highlighted by the translators. They will form the basis for the linguistic evaluation protocol described below.
3. Reported terms and phrases must then be back-translated by independent linguists other than the original translators, who are blind to the original English terms and phrases.

4. A group discussion between translators, back-translators and a group of subject field specialists should be held to ensure that the meaning of the original text is clarified and that translation is satisfactory. All differences should be resolved to arrive at a final translation.

This information should be presented in a report and sent to WHO Geneva for review prior to the publication of the WHODAS 2.0 translation.

Key recommendations to translators

1. Always aim for a translation that captures the conceptual equivalent of the source language (typically English), not a word-by-word translation or etymological equivalent. Think about the concept behind the term and try to render the concept using target language terms in a manner that is most relevant to your setting.
2. Always strive to be simple, clear and concise.
3. The translation in the target language should be directed at the widest possible audience. Avoid addressing only medical, legal or any other specialized group.
4. Avoid jargon. In particular do not use:
 - a. technical terms that cannot be understood clearly (with the exception of technical medical terms which may be unavoidable);
 - b. colloquialisms, idioms and vernacular terms that cannot be understood by most people in everyday life.
5. Think about gender and age applicability: is the term applicable to both genders and across the age span? Is it offensive or objectionable?

More detailed guidelines for the translation are enclosed in Appendix 1.

II. Linguistic Evaluation

Linguistic differences caused by changes in the meaning of words between dialects, translation difficulties, as well as difference that arise when applying a concept across cultures, are some of the primary cross-cultural problems in translation. Linguistic evaluation should be done by a group of subject field specialists which might be experts or field workers who have a good understanding of how respondents react to terms.

The steps in completing the data collection and recording for this objective are:

- A. Translate the questionnaire, following the translation guidelines, including the back-translation for those items which have been provided.

- B. Add terms and phrases which may have posed problems to the initial list of terms and complete the attached **Linguistic Evaluation Data Sheet** (Appendix 2). This may be done alone or in consultation with the translator, back-translator, or other linguist.
- C. Send back the completed Linguistic Evaluation Data Sheets to WHO, Geneva.

During the linguistic evaluation process, several possible problems may be encountered:

- 1. The source language (e.g. English) term has a different or modified meaning in the local version of the same language (e.g. American English). The differences in meaning are sufficient to change the way in which the term should be used in the English version of the questionnaire used for disability question set testing .

Example: Differences in usage of the English language

The word “notes” in British English is used in the sense of currency notes to refer to paper money. However, for this to be understood in the same way in the United States it will have to be replaced by “bills”.

- 2. The term cannot be translated into the target language, or translation is very difficult, because there is no exact equivalent idiom or term to express the concept in the target language.

Example: Difficulty in translation

The term “responsiveness” does not have an equivalent or parallel term in a least two major languages in India, Hindi and Telugu. It will need to be explained using a phrase to get the concept across.

- 3. The meaning of the original term is modified during translation because:
 - a) only part of the meaning of the source language term is present in the target language term. Part of the original connotations are lost. This makes the term too narrow in meaning.

Conversely,

- b) the meaning of the source language term is expanded in the target language term. The target language term has more (or different) connotations than the original. This makes the translated term too broad in meaning.

Example: narrower term

In Dutch, the term “community” is difficult to translate because it normally denotes a group of people, but does not denote the sense of belonging that is present in the English term.

The word “distress” has a different meaning depending on the culture. It may either mean “pain”, “anguish”, “stress” or “difficult/dangerous situations”.

Example: broader term

The word “interference” has 10 different, separate, meanings in Arabic, making translation of the more generic English term difficult.

4. Two or more terms (describing as many different concepts) translate in the target language into one single term. The distinctions between the original terms are lost.

Example: merging

The terms for “community” and “society” cannot be distinguished in some Indian languages.

5. The term can be translated, but there are cultural applicability issues with the definition or the examples given. These issues can include a lack of correspondence between the local resources or environment and the definition or examples; or a condition that makes the item or definition irrelevant in the local culture.

Example: Cultural applicability

Learning a new task or engaging in household work: In different cultures, the kinds of new tasks one is required to learn from time to time or the kind of work all persons do around the house, irrespective of one’s gender, varies considerably. In such cases appropriate examples will have to be provided to convey the intent of the questions.

Example: Local resource or environment differences

Use of devices such as hearing aids, wheelchairs or the presence of ramps in buildings: The availability of devices and the presence of such modifications to buildings may vary considerably from country to country and explanations may be required to convey to respondents the nature of these devices or modifications.

Example: Irrelevancy of item or definition

Putting on clothes over the head: in a country where clothing is either only wrap around or buttoned down the front this item may not be applicable.

Example: Problem with technical jargon

Vitiligo: skin discoloration could be used instead.

APPENDIX 1

Guidelines for Translation WHODAS 2.0

Introduction

There is an increasing need to have uniform and standard application of health and disability related classifications and linked assessment instruments across the world. This makes it necessary for these to be available in equivalent versions and formats that can be used in a wide variety of settings and languages. In the past, most of the classifications and measurement instruments were developed in one language and then translated into other languages. The process of translation was often not standardised, hence the applicability of the translated versions was uncertain. Recent experience from a number of studies conducted by the WHO has made it possible to ensure a high level of cross-cultural and cross-language applicability in this area.

Equivalence

Since the source and the target language versions of the instruments are expected to serve the same purpose, equivalence between them is crucial. The word "equivalence" itself has been used in a variety of ways, but the single most essential feature of the source and target language versions is that they should convey the same concepts

The actual meaning of terms used to denote the concepts may differ from language to language; this may affect the level of detail required to be covered in the instrument. For example, if the item refers to the house where one lives, a reasonable translation in most languages could easily be made. But, if the details of the individual rooms or furniture in the house are being envisaged, a conceptual translation becomes more difficult, but all the same more necessary, since a simple translation may be inappropriate and indeed misleading. Conceptual equivalence can be arrived at only by involving in the translation, individuals who have a good understanding of the concept being asked in the source instrument and who also know the target language and culture well e.g. health experts, field workers etc.

The translation process

Translation of the source language instrument into the target language, back-translation into the source language by an independent translator and comparison of the back-translation with the original has been the commonly used method for a long time. However, the success of this method was uneven, depending on the extent of care exercised during the process. Over years of work by the WHO and its collaborating centres, the following methods have been developed for translation of instruments.

The standard WHO method

The present section outlines the translation process and assessment for adequacy of translation using the standard complete back-translation method.

- a) Establishment of a group of translators, supported by bilingual experts from the various relevant disciplines corresponding to the subject field covered by the instrument to be translated. They should know both the source language and the target language and should be familiar with the way the target language is spoken by the majority of people in the study population.
- b) The bilingual group should be completely familiar with the overall form of the instrument and the manner of its application. It should also be familiar with the instrument being translated, including its underlying concept, objectives, procedures and rules.
- c) Identification of a monolingual group that would be representative of the population and whose members speak only the target language.
- d) Translation of the instrument from source into target language. This should be done by the translators in consultation with and under the direct supervision of the experts. The initial translation should be done by individuals who are familiar with the concepts and, therefore, know what concept is to be conveyed.
- e) Detailed review of the translation by the bilingual group to identify areas of possible difficulty and issues for exploration in the monolingual group.
- f) Review and discussion of the translation by the monolingual group moderated by a representative from the bilingual group. Understandability, acceptability and cultural applicability of the questions, appropriateness of format, wording and phrasing, possible obstacles to question response and any other anticipated problems should be discussed. Specific solutions to the problems should be sought through discussion.
- g) Discussion of the results of monolingual group consultation in the bilingual group. Problem items and sections of the translated version should be analysed and reformulated. The redrafted items and sections should again be discussed with the monolingual group. Amendments, if any, in the source text should be suggested.
- h) Independent back-translation into the original source language of the full, revised, translated version. Professional translators should be used for this work in an independent manner, i.e. they should not have been exposed to the original instrument or involved in the earlier translation of the instrument.
- i) Comparison of the back-translation with the original version for conceptual equivalence. Issues related to linguistic equivalence should also be discussed to ensure that the concepts are conveyed satisfactorily. Problem sections should be revised, rechecked with the monolingual group and back-translated again. This process of checking the translated version should be repeated until satisfactory equivalence is achieved.

- j) Final recommendations for amendments to the instruments, based on the translation/back-translation exercise should be made.
- k) Issues related to formatting, style of presentation and document design should be finalised. These should be kept as close to the original as possible, though it is recognised that different languages and cultures may need some changes. For example, Urdu is written from right to left and in some languages a larger font size is used conventionally.

Some do's and don'ts

- Aim at the conceptual equivalent, not a word-by-word translation or etymological equivalent. Think about the definition of the original term (within the system of concepts of the instrument) and try to translate the term in the most relevant manner applicable to the target setting.
- Be simple, clear and concise.
- The translation in the target language should aim at the most common audience. Avoid addressing medical, legal or any other specialised group unless the instrument is to be used only by such a special group.
- Do not use technical terms, unless the instrument is for use only by technical users.
- Do not use colloquialisms.
- Think about gender and age applicability. Match it with the aims and the applicability of the original, as far as possible.
- If the term is embarrassing or offensive in the target language, think about how essential it is to the instrument. If it is essential, use the phrase that is conceptually nearest to the source language phrase, but at the same time, the least offensive or embarrassing in the target language.

APPENDIX 2

LINGUISTIC EVALUATION DATA SHEET

Site: _____ Local Language: _____ Date _____

I. Item from List of Terms for Linguistic Evaluation: _____

- a. Provide translation of the item (from translated WHO questionnaire) _____
- b. Provide back-translation of your translation _____

II. Which of the following conditions apply to the linguistic problems for this item?

Please place a check mark beside all of the appropriate responses. Explain if necessary.

____ 1. *The item has a different meaning in the local usage of English than is intended in the WHO English version.*

Please explain:

____ 2. *The item is difficult or impossible to translate because there is no target language idiomatic equivalent, or no equivalent term.*

____ 3. *The item, when translated, has a meaning that is narrower than the original term. Only part of the connotations of the original term carry over into the target language.*

____ 4. *The item, when translated, has a meaning that is broader than the meaning in the original. The translated items has additional meanings that would change the interpretation of the item.*

____ 5. *The item can be translated, but there is a cultural applicability problem with the item, or with the definition, or with the examples used for the item.*

Please explain the problem in cultural applicability _____

____ 6. *Other problem:* _____

Please give your suggestions for overcoming the difficulty with this item.
