Appendix 2: Translation protocol

(ADAPTED FROM EURO-REVES, NOV 2003)

BACKGROUND

In order for the short set of Washington Group questions and the associated test questions to be understood in a way that is comparable within and across countries that rely on different languages and dialects, it is necessary to have a translation procedure that yields equivalent versions of the test questions across a variety of settings and cultures. This document is intended to outline such a procedure for use with the short set of WG questions.

There are three main challenges in trying to standardize the translation process across countries. They are:

1) linguistic differences caused by changes in the meaning of words between dialects;
2) translation difficulties; and
3) differences that arise when applying a concept across cultures.

Different methods have been developed to standardize translation processes across countries. The two most prominent methods are forward-backward translation used by the World Health Organization and the conceptual translation
method used by Euro-Reves in the development of the European Health Status module. The forward-backward method begins with a version of the question set in the language in which it was originally developed, for example, English. This version is given to professional translators who translate the module into another language, for example, French. Then, another professional translates the French version back into English (back translation) and the two English versions are compared. However, strict translation does not necessarily capture the underlying health concept to be measured. Therefore, an alternate method (which is referred to as the conceptual method) was developed by Euro-Reves and applied to development of the European Health Status module. Although both methods are intended to yield translations that are conceptually equivalent between countries and cultures, the conceptual method does so by relying on detailed explanations of the terms used in each survey question as well as the underlying concepts that the questions were intended to measure. This approach differs from the forward-backward method in the “backward” step when, rather than translating the question back into the original language, a checker determines whether or not each question was properly translated such that the intended concepts were actually captured.

For Washington Group purposes, it was agreed to adopt the conceptual translation method since a key aspect of the WG endeavor was to develop question sets and a process of implementing question use cross-nationally that yielded internationally comparable results. Thus, the WG believed that it was
Critical for respondents in different countries and cultures to have the same understanding of the questions, regardless of whether the terms were the same.

DESCRIPTION OF THE PROCESS

Once the English version of the Washington Group questionnaire has been finalized, the translation can begin.

First, translation “cards” are prepared in English for the questions in the Washington Group questionnaire (questions are listed in Appendix 1).

The translation cards explain to the translator, step-by-step, why particular wording is used, what it means, and what we are ultimately trying to measure. For example:

Question 1: Do you have difficulty seeing, even if wearing glasses?

- The purpose of this question is to identify persons who have vision difficulties or problems of any kind even when wearing glasses (if they wear glasses)
- Any problem with vision that the respondent considers a problem should be captured
Secondly, we choose not to use professional translators. Instead, countries choose individuals who are working in the field of health and who would have an understanding of what the test is trying to achieve.

The translator has to have the following characteristics:

- Target language as mother tongue
- English as working language
- Understanding of health concepts used

The translators are briefed to translate the questions as per format in Appendix 1.

Once the translations are returned, they are sent to another person to check. The ‘checker’ is given instructions not to provide another translation but to answer a questionnaire on whether each question has been properly translated to tap the concepts and if not, why not.

Providing reasons for alternative wording is very important for the last stage of agreement on the final version as it can then be determined whether suggested changes are important or simply a matter of semantics.

Finally, comments from the translation checkers are reviewed and a final version is agreed on and produced for each of the different languages/dialects.
Bibliography


“Report to Eurostat on European Health Status Module” – J-M Robine and C Jagger