

Caire P, Plowright R, Conway K and Bradley C (2010) Is it necessary to adapt the UK English original of the Diabetes Treatment Satisfaction Questionnaire (DTSQs) before use in other countries? 2010 International Society for Quality of Life Research meeting abstracts. *Quality of Life Research*, 19 (suppl 1), 63, Abstract #56/1214.

<http://www.springerlink.com/content/5203321j83123k3p/fulltext.pdf>

Poster presented at ISOQOL 17th Annual Conference: October 27-30, 2010 London, UK.

Is it necessary to adapt the UK English original of the Diabetes Treatment Satisfaction Questionnaire (DTSQs) before use in other countries?

Patricia Caire, Mapi Institute, Lyon, France; Rosalind Plowright, Health Psychology Research Ltd and Department of Psychology, Royal Holloway, University of London, UK; Katrin Conway, Mapi Research Trust, Lyon, France; Clare Bradley, Health Psychology Research Ltd and Department of Psychology, Royal Holloway, University of London, UK.

Objectives: 1. To review existing English versions of the Diabetes Treatment Satisfaction Questionnaire (DTSQs) developed using a standard adjusted linguistic validation methodology; 2. To identify differences between the original and other English versions, and explain where possible

Methods: 1. Collection of the existing English versions; 2. Analysis of the differences; and coding of the differences as cultural, lexical, and grammatical.

Results: Ten English versions were identified: in Australia (AU), Canada (CA), Hong Kong (HK), India (IN), Malaysia (MY), New Zealand (NZ), Philippines (PH), Singapore (SG), South Africa (ZA), and United States of America (US). Three versions are identical to the original: HK, SG and US. Items 1, 6, 7, 8 and their response choices are identical across all 10 versions. In decreasing order of frequency changes were observed as follows: PH (8) (the only country here colonized by the US rather than by Britain), IN (5), MY (4), NZ (3), AU, CA, ZA (2). All changes were either requested or validated by the patients during cognitive debriefing. Changes were mostly grammatical or lexical. The most problematic item across all versions was Item 5 (*flexibility*) (for 6 countries: AU, CA, IN, MY, NZ, PH), then items 2 and 3 (*perceived frequency of hyper- and hypoglycaemia*) and 4 (*convenience*). For items 4 and 5, AU and CA shared the same grammatical change (replacement of “have been finding” by “have found”), as well as IN and NZ (deletion of the infinitive “to be”). In PH, the adjective “adjustable” was added in Item 5 to clarify the meaning of “flexible”. In MY, item 5 was completely reworded as the patients understood it backwards (i.e. their flexibility in adapting themselves to the treatment), perhaps because their treatment regimens are not at all flexible.

Conclusion: Observed differences relate to history, evolution of language and treatment differences across countries, and confirm the importance of careful review and, where necessary, development of specific English versions of PRO measures for different English-speaking countries.

characters: 2236 (spaces included – title + abstract)