

**GUIDELINES FOR TRANSLATION OF THE
PRIMARY CARE ASSESSMENT TOOLS
(PCAT)**

Copyright and License

The copyright for the PCAT instruments is held by the Johns Hopkins University, and all rights are reserved. When the PCAT developers at the University determine that a translation meets the established standards, a license will be extended to that translation. The license will permit the developers to use the phrase “Primary Care Assessment Tool” in its title, and to use and distribute the translated version; it will also stipulate that the copyright notice appear prominently on printed copies of the translated version. The PCAT instruments are provided free of charge; users of the translated versions may not charge fees for their use.

Approval

There are three levels of approval associated with the successful translation of the instrument and conducting field trials to assess validity. The levels are as follows:

Preliminary approval:	Completion of steps 1 through 6
Partial approval:	Completion of step 7, in addition to steps 1 through 6
Full approval:	Completion of all of steps 1 through 8

Procedures

The translation process described in this section applies both to the instructions given to respondents and to the questionnaire itself.

1. Forward translation: A forward translation (English into the target language) should be performed by a bilingual person whose native tongue is the target language, and who lives in the target country. The translator should have one or more types of health system background or expertise and have experience with and/or qualifications in translating. The translation should preserve the intent rather than the literal meaning of the items.

Comment: It is critical to the remainder of the process that this task be carried out with the highest quality. Every effort should be made to recruit the most qualified individual to make the forward translation. Familiarity with use of the PCAT and the PCAT based on communication with experienced users is important.

2. Qualitative review: This is performed for every translated item to ensure its clarity, use of common language, and conceptual adequacy. This could be performed by a focus group, review by one or more independent translators, or some other type of systematic review.

Documentation of this step includes production of a list of items identified as problematic, and proposed solutions. This list should be reviewed by the head of the research team and the translator and edits made to produce a final draft of the forward translation.

3. At least one backward translation (target language back to English) of the translation must be performed to identify items that may require further study. This translation should be undertaken by someone whose native language is American English and who has lived in the US and in the target country long enough to know the language and routines of daily life. This translator should **not** be familiar with specific wording of the original PCAT items. The instructions given to the backward translator should be identical to those given the forward translator.
4. The health system researcher experts and forward and backward translators should jointly review items that were not effectively translated or about which there were concerns. They should agree on the most appropriate translations. This will produce a consensus translation. It may be prudent to consult the developers of the instrument to resolve any issues that arise in this process.
5. A lay panel should review each item in the consensus translation, identify troublesome items, and propose alternatives. The panel may propose which of the alternatives it prefers. The panel should be generally representative of the population of interest so that the translated version will be culturally valid and useful.
6. A final translated version should be produced based on the process of development and review.
7. Pilot testing: The translated PCAT should be administered to a group of at least 30 respondents who are native in the target language. Basic descriptive analyses should be conducted to ensure adequate distribution of responses. The respondents should be debriefed to identify any wording or comprehension problems.
8. A full validation study is always useful, if possible. The sample should be representative of the population for which the PCAT is intended. A validation study can assess, internal consistency reliability, test-retest reliability, criterion, and construct validity.

Submission for Review

Application Cover Page: The application package should have a cover page giving the following information:

1. Author(s):
 - Name
 - e-mail address
 - Address
 - Telephone number
2. Specific version(s) of the instrument to be translated (**LIST THE VERSIONS OF THE PCAT TO BE TESTED.**) and proposed title of the instrument in the target language.
3. Language or dialect of the translation
4. Type of approval sought (preliminary, partial, full)
5. Contact information
 - Name
 - Address
 - Telephone number
 - Fax number
 - E-mail address
6. Documentation of steps that have been completed

Attachments: The following items should be included in documenting the completion of these steps:

1. The instrument in the target language, including instructions for administration.
2. Description, in English, of the translation process, using as an outline the steps listed in the translation guidelines. There should be discussion of how problematic or troublesome items were handled, and what adaptations, if any, were made in items and why they were made.
3. A copy of the backward translation of the pooled instrument (see Step 3).
4. If available, any publications relating to the development, testing or use of the translated instrument.
5. Plans for use of the PCAT and timetable (dates) for its use.

Submission: Three copies of all materials should be sent to:

Dr. Barbara Starfield
Department of Health Policy and Management
Johns Hopkins University
624 North Broadway, Room 452
Baltimore, Maryland 21205-1996
USA

Intent to Undertake Translation

It is recommended that investigators wishing to translate the PCAT notify the University at the above address. They will be informed as to whether any other translated versions in that language are available or are known to be in progress, and given the names of persons to contact.

If a translated version has already been licensed, and an investigator wishes to undertake another translation, that investigator must explain why a second version is justified.