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Original Article

Arabic Translation and Linguistic Validation of the English Version of the Preschool Children Quality of Life (TAPQOL) Questionnaire

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Abstract

Background: Health related quality of life (HRQOL) is an important measure of the health status of preschool children. The TAPQOL questionnaire was designed to measure HRQOL in preschool children aged 2 to 48 months and contains 43 questions distributed in 4 domains and 12 subdomains (scales). TAPQOL was developed originally in Dutch language and was translated in different languages including English, French, German, Brazilian Portuguese, Spanish, Chinese, Korean and Malay language. Till now there is no Arabic version of the TAPQOL questionnaire.
Objective(s): This study aims to translate the English version of the TAPQOL questionnaire into Arabic language and qualitatively validate this Arabic translation to obtain an Arabic version of the TAPQOL Questionnaire that would be both semantically and culturally equivalent to the original.
Methods: This study was conducted through 2 phases; translation and qualitative validation. Regarding translation phase, after evaluating the potential conceptual equivalence by the first and the second authors, the English TAPQOL questionnaire was translated into Arabic by independent forward-translation by three bilingual translators (the first author and 2 professional English-Arabic translators) and reconciliation (by the second author). Concerning qualitative validation, it was conducted in 2 stages: validation by a committee of 8 independent bilingual experts (face and content validity) then validation by cognitive debriefing (real-life face validity). The cognitive debriefing was carried out on 7 preschool children aged 2-48 months, through conducting a face-to-face interview with their mothers (the main caregiver) whose mother-tongue is the Egyptian Arabic language.
Results: After the independent forward-translation by several translators, the reconciliator made the final decisions about the instrument translation, confirmed equivalence of the translated instrument with the originals, and selected the most appropriate wording for the final Arabic version to better reflect the Egyptian cultural meaning. However, the findings of the first stage of qualitative validation clearly indicated that the Arabic version of the TAPQOL was not suitable for use after the initial translation. The committee of experts asked for some modifications which consolidated the translated version of the questionnaire by means of equivalence in several areas: linguistic/semantical; idiomatic; cultural; conceptual; and experiential equivalence. After implementing those modifications, the cognitive debriefing yielded that there was no need to carry-out more modifications than those required by the validating experts.
Conclusion: This Egyptian Arabic version of the TAPQOL has proven to be acceptable and culturally equivalent to its English version as its face and content validity was qualitatively confirmed. Future studies should complete the validation by extensive quantitative investigation of the psychometric properties of the Arabic version of TAPQOL questionnaire and compare them with those of the original version.

Keywords: TAPQOL; HRQOL; Translation; Qualitative validation; Arabic

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INTRODUCTION

Mortality and morbidity are not the only end point measures to evaluate the health status of children, (1) and to evaluate the medical paediatric interventions. (2) Health related quality of life (HRQOL) is also an important outcome measure. (1, 2) The Netherlands Organization for Applied Scientific Research Academic Medical Center (TNO-AZL) Preschool children Quality of Life (TAPQOL)

scale was developed to measure HRQOL. (2) TAPQOL is an age-specific, generic and multi-dimensional HRQOL tool for preschool children aged 2 to 48 months. (2, 3) Self-reports are virtually not possible to be done in preschool children. Therefore, what is being evaluated by the TAPQOL is the parents'/ caregiver perception of their child's HRQOL (proxy respondents). (3)

In 2000, TAPQOL was developed originally in Dutch language by Fekkes et al. The reliability and discriminative validity of its scales, in Dutch, for infants as well as toddlers was reported satisfactory. (2) TAPQOL was translated in different languages including French, German, (4) Brazilian Portuguese, (5) Spanish (6, 7), Chinese (8), Korean (9) and Malay language.(1) The Brazilian Portuguese, Spanish, Chinese, Korean and Malay version of the TAPQOL showed good psychometric performance. (1, 5, 6, 8, 9) The English version of the TAPQOL, translated from Dutch in accordance with international guidelines, (10) is available (3) [Annex A (11)].

Epstein et al in their review of guidelines for cross-cultural adaptation of questionnaires concluded that most of the guidelines were proposed on the basis of the practical experience of the researchers comprising well-defined steps (initial translation, synthesis/ reconciliation of the translations, back translation, expert committee review, pretesting). However, they declared that they did not find strong scientific evidence for what would be a ''gold standard'' stating that without further proof of the superiority of one method over another, they cannot recommend a specific method or commend clear-cut recommendations. Researchers should choose any validated method of translation and validation that seems the most appropriate in the context of the questionnaire of interest. (12)

Till now there is no Arabic version of the TAPQOL questionnaire. This study aims to translate the English version of the TAPQOL questionnaire into Arabic language and validate this Arabic translation to obtain an Arabic version of the TAPQOL Questionnaire that would be both semantically and culturally equivalent to the original.

METHODS

The TAPQOL covers 12 scales with 43 items, including four domains covering physical, social, cognitive and emotional functioning. The number of items per scale ranges from three to seven. It measures parents'/ caregiver perception of HRQOL, defined as health status in 12 scales weighted by the impact of the health status problems on well-being. There are 6 scales with 20 items in the physical functioning domain [stomach (3 items: items #1,2 and 9), skin (3 items: item #3- item #5), lungs (3 items: item #6- item #8), sleeping scale (4 items: item #10- item#13), appetite scale (3 items: item #14- item #16), and motor functioning (4 items: item #36- item #39)]. There are 2 scales with 10 items in the social functioning domain [problem behavior scale (7 items: item #17- item #23) and social functioning scale (3 items: item #33- item #35)]. There is one scale with 4 items in the cognitive functioning domain [communication scale (4 items: item #40- item #43)]. There are 3 scales with 9 items in the emotional functioning domain [Positive mood (3 items: item #24- item #26), anxiety (3 items: item #27- item #29), and liveliness (3 items: item #30- item #32)]. For seven TAPQOL scales (stomach, skin, lungs, sleeping, appetite, motor functioning, communication), items consist of two questions. In these items (item #1- item #16 and item #36- item#43), the first question of the item records the frequency of a specific complaint or limitation as "never", "occasionally" or "often". Reply of "never' is scored as "4". If such a problem is reported (i.e., the reply of the first question is "occasionally" or "often"), then the second question of the item assesses the well-being of the child in relation to this problem as "fine", "not so good", "quite bad" and "bad". Replies of "fine", "not so good", "quite bad" and "bad" are scored as "3", "2", "1" and "0" respectively. For the other five TAPQOL scales (problem behavior, social functioning, positive mood, anxiety, and liveliness) items (item #17- item #35) consist of only the afore-mentioned first question of the item but with different scoring; "2" for "never", "1" for "occasionally" and "0" for "often". TAPQOL items generally relate to the past three months. The scales measuring motor functioning, social functioning and cognitive functioning are applicable only to children one and half years and older, because these scales relate to age-specific complications that are not applicable to children younger than 1.5 years. Scale scores are gained by adding item scores within scales and modifying crude scale scores linearly to a 0-100 scale i.e., making the maximum possible TAPQOL score for children of both age groups (<1.5 and ≥ 1.5 years) the same (100) in spite of the different number of scales answered with each age group of them. This allowed calculating the percent mean score of the overall HRQOL for both age groups together with higher scores indicating better HRQOL. (2, 4)

Translating and qualitatively validating of the TAPQOL for use in Egypt was a first step in conducting a study to examine the HRQOL of under five children. The source text for the translation was the UK-English version of the TAPQOL questionnaire uploaded on the official webpage of the Netherlands Organisation for Applied Scientific Research (TNO). (11) The original author of the Dutch version of the TAPQOL questionnaire (Prof. Minne Fekkes) was fully informed of the detailed steps and methodology

used for the translation and linguistic validation. A virtual video meeting was conducted with the original author. During this meeting, the author emphasized the requirement that the format and layout of the final Arabic questionnaire must closely resemble the format used in the original Dutch TAPQOL questionnaire and all other officially translated language versions uploaded on the official webpage of the TNO. (11) The resulting final Arabic translation has been officially approved by TNO to be uploaded to the TNO official webpage. (11)

Phase I: Translation.

Before beginning the translation process, the potential conceptual equivalence was evaluated by the first and second authors. (13) The English TAPQOL scale was translated into Arabic by independent forward-translation by several translators and reconciliation. (14) Three translators whose mother tongue is Egyptian Arabic and proficient in English i.e., bilinguals [the first author of the current study (university staff teaching assistant of Maternal and Child Health) and two professional English-Arabic translators] conducted parallel forward translations i.e., the three translators worked separately to translate all the instrument items to ensure the translation quality of each item. (15) Most of questions were translated in the formal Arabic language (Modern Standard Arabic) and in the Egyptian informal Arabic language for clarifying the intended meaning of the question to the respondents. Then, reconciliation of any disagreements among the three translators was performed by an expert (a professor of Maternal and Child Health-the second author of the current study). (14, 15) The professor was responsible for making final decisions about the instrument translation, confirming equivalence of the translated instrument with the originals, and selecting the most appropriate wording for the final Arabic version to better reflect the Egyptian cultural meaning. (15)

Phase II: Qualitative Validation of the translation

Qualitative validation was conducted in 2 stages; validation by a committee of experts then validation by cognitive debriefing.

Stage 1: A committee of experts

A committee of 8 independent experts evaluates the translated TAPQOL for its qualitative face and content validity. Face validity was evaluated by finding the relevant connections between the items, any ambiguous and vague impression of the expressions, or any difficulty with comprehension and understanding of the concepts while, content validity was evaluated by finding equivalence in meaning, clarity, cultural relevance of the items, and whether the items were able to reflect what they are supposed to reflect. (16) The mother tongue of the 8 experts is Egyptian Arabic language and are proficient in English i.e., bilinguals. All experts were university professors reproducing a multidisciplinary team (three professors of maternal and child health, two professors of paediatrics, one professor of mental health, one professor of community medicine and one professor of psychology). (17) Members of the experts committee made aware of the research objectives of the instrument. (18) The purpose of the committee, or panel, of experts was to consolidate the translated version of the questionnaire by means of equivalence [equivalence refers to the requirement that different language versions should be comparable to each other, and measure the same construct (19)] in several areas: Linguistic/Semantical (evaluates the meaning of the words in the target language to preserve the meaning of the source language and the formulation of items); Idiomatic (translation of idiomatic and colloquial expressions that cannot be translated literally, but must be adapted); Cultural (coherence among the terms used and the experiences of the intended respondents, in order to verify the adequacy of this to the cultural context); Conceptual (equivalence of meaning and concept, that is, the adequacy of concepts to the language of the specific context in which the translation is intended); (10) and experiential equivalence means that instruments and its parts have a similar intention or function in the target culture. (20) The 8 experts revised the correctness, accuracy and clarity of the Arabic translation by comparing the translated version with the English one. Some of those respectful experts asked for fulfilling some modifications to the Arabic translation which they revised. Each expert met the first author to tell her the expert's opinion as regards the translation and to consider the required alternative phrasing if needed. The first author performed all the required modifications. Then the aforementioned reconciliator (professor of Maternal and Child Health) revised the corrections to confirm being made in a reasonable manner.

Stage 2: Cognitive debriefing

The first author conducted cognitive debriefing for real-life validation [qualitative face validation by detecting any ambiguous and vague impression of the expressions, or any difficulty with comprehension and understanding of the concepts (16)]. The cognitive debriefing was carried out on seven preschool children aged 2-48 months with global developmental delay attending the Alexandria University Children Hospital (Smouha), Alexandria, Egypt through conducting a face-to-face interview with their mothers (the main caregivers) whose mother-tongue is the Egyptian Arabic language inside the hospital. Each mother was interviewed in a separate session. During the face-to-

face interview, the interviewer (the first author) used an interviewing questionnaire to collect socio-demographic data and asked the mothers to answer all the questions of the questionnaire and the interview included a verbal probing method [to direct specific questions to the participant in order to seek further information (21)]. The interviewer started by reading loudly each question and its response options (in both formal and informal Arabic language) exactly as they appear in the questionnaire to the mothers. During reading the different questions, the interviewer asked the respondent one or more of the following probing questions, "Do you need me to repeat the question or any part of it?", "Is the question needed to be rephrased?", "Is the question clear and understandable?", or "Are the distinctions between the response options clear?". The questionnaire needed around 15-20 minutes to be completed. The cognitive debriefing aimed to ensure that the Arabic items can be understood, correctly interpreted and accepted by the intended respondents and screen for problems in the Arabic formulation of the questions and responses that might lead to ambiguity and thus difficulty in answering.

Ethical Considerations:

This study was approved by the Ethics Committee of the High Institute of Public Health, Alexandria University. The study conformed to the International Guidelines for Research Ethics. An informed verbal consent was obtained from each mother who agreed to participate in the study after explanation of the purposes and benefits of research. Confidentiality of information, and anonymity were guaranteed and maintained. Official permission was obtained from the original author of the original Dutch TAPQOL questionnaire to publish this article detailing the steps of the translation and validation, to include the UK-English version uploaded on the official webpage of the TNO and to include the final, approved Arabic version of the questionnaire as annexes [Annex A and Annex B respectively (11)] to this article.

RESULTS

Phase I: Translation.

After the independent parallel forward-translation, the reconciliator made the final decisions about the instrument translation, confirmed equivalence of the translated instrument with the originals, and selected the most appropriate wording for the final Arabic version to better reflect the Egyptian cultural meaning. Examples of words, selected by the reconciliator, as the most appropriate Arabic words for translating some English words are shown in table (1) .

Table (1): Examples of words selected by the reconciliator, as the most appropriate words for translating some words of TAPQOL

Question #	English version	Forward translation	Reconciliation
#4	Itchiness	حَكّة	هَرْش
#22	(defiant/awkward) in "My child was defiant/awkward with me'	أخرق)/(غير هيَّاب	متهور

Phase II: Qualitative Validation.

Stage 1: A committee of experts

The findings of the first stage of Phase II of the study clearly indicated that the Arabic version of the TAPQOL was not suitable for use after the initial translation. There were several items which would confuse the participants and might not preserve enough the exact meaning of the original TAPQOL questionnaire. The modifications required by experts were necessary to make the items of the Arabic questionnaire clear and easy to understand. Examples of some modifications required by the experts are shown in table (2).

Table (2): Examples of some modifications required for TAPQOL by the experts

Question #	English version	Translation Phase (Phase I)	First stage of validation phase (First stage of phase II: Committee of experts)
#38	Stairs in "Difficulty with walking up stairs without help"	الدَرَج	السِّلّم
#19	My child was irritable	كان طفلى قلقاً	كان طفلى منفعلاً
#28	Tense	متوتر/مشدود	مرعوب (يرتعش و يلتفت يميناً و شمالاً)
#1 - #16 and #36 - #43	quite bad	سئ جداً	سئ بعض الشئ (إلى حد ما)

Stage 2: Cognitive debriefing

Four children of the cognitive debriefing sample were in the age group 2-< 4 years, two children were in the age group 1-<1.5 years, and one child was in the age group 6 months - < 1 year. The age of the sample studied ranged between 9 to 38 months. Four children were females and three children were males. Mothers were the main care providers for all children of the sample studied. Concerning the mother's and father's data, the age of the mothers and fathers ranged between 20 to 40 and 30 to 50 respectively. All the mothers were not working. As regards the educational level of the mothers, 3 mothers obtained bachelor's degree, 1 mother completed a secondary education (diploma), 2 mothers were illiterate, and 1 mother was able to read and write without completion of any school degree. Regarding the educational level of fathers, 2 fathers obtained bachelor's degree, 1 father completed a secondary education (diploma), 2 fathers completed preparatory education, and 2 fathers were illiterate. As for fathers' occupation, 3 fathers were manual workers, 2 fathers had professional jobs (an engineer and a lawyer), 1 father was a craft worker, and 1 father was not working. As regards the residence and place of residence, 4 families were from urban areas in Alexandria Governorate, 2 families were from rural areas in Alexandria governorate, and 1 family was from rural area in Beheira Governorate. Concerning the socioeconomic class of the studied sample, 4 families were of medium socioeconomic class, 2 families were of high socioeconomic class, and 1 family was of low socioeconomic class.

None of the participants felt that there was an unclear question among the questions of the Arabic questionnaire. Thus, the cognitive debriefing showed that there was no need to carry-out more modifications for the Arabic translation than those required by the validating experts. [The final Arabic translation is shown in Annex B (the Egyptian informal Arabic language is written between two brackets (11))].

DISCUSSION

Designing completely new questionnaires to measure a construct of interest is time and money consuming and needs high-level expertise in the construct of interest, so researchers tempt to use and re-use existing ones. (22) An existing questionnaire may not be available in the language required for the targeted respondents. As a result, investigators need to translate an existing one into the language of the intended respondents. (23) However, it is not enough to carry out the literal translation of the items of the questionnaire from the original language to another. (17, 18) It is necessary for the researcher to pay attention to the local particularities of the native language of each place and to the cultural context, so that the questionnaires are used in countries different from where they have been originally developed. (10) In this regard, researchers have several available approaches for developing translations of instruments including forward-translation, back-translation, and cognitive testing. (14) Common variations of translation include single translator forward-translation and back-translation by a second translator, and comparison of the backtranslation with the original document; this is an approach that is well adopted by the World Health Organization (WHO) to translate health-related instruments (21). Another variation involves independent forward-translation by more than one translator and reconciliation without back-translation. (14) Several methods can be used to validate translation including evaluation by experts. (24)

The present study produced a qualitatively validated Arabic translation of the TAPQOL questionnaire. It was made by 3 translators and a reconciliator then qualitatively validated by 8 experts and cognitive debriefing.

In the current study, the authors adhered to a rigorous translation procedure intended to reduce the risk of error in multiple ways: firstly, three translators made three independent translations which a fourth individual combined, thus providing a mix of perspectives and minimizing the risk that the final translation might be colored by the translator's personal style. (25) Secondly, there are two professional translators engorged in the translation process as recommended. (18) Thirdly, reconciliation which had been described in the literature as an important step in translation of questionnaires, (12) was conducted in the current study. Reconciliation refers to the process whereby two or more independent forward translations are merged into a single translation. Fourthly, one of the three translators and all the validating panel were not professional translators to include both the linguistic and the clinical expertise in the translation and the validation process (18) because professional translators may have superior linguistic skills but cannot compensate for lack of familiarity with the content area and the health-related colloquial phrases, idiomatic expressions, and emotionally evocative terms may be particularly difficult to be appropriately translated by professional translators only. (26) Moreover, the reconciliator, one of the translators, many of the validators made aware of the research objectives of the instrument as recommended. (18) Fifthly, the validation process involved opinions of a committee of experts which is an essential step for the validation of a translated instrument increasing its reliability. (17) Sixthly, more than half of the committee of experts made aware of the research objectives of the instrument which is recommended. (18) Seventhly, the translators' and

expert validators' native language was Egyptian Arabic ensuring that the translation would be linguistically and culturally adapted for the target population (25) as the linguistic equivalence only is not enough for successful translations of instruments but also, conceptual matters, cultural relevance, and subtle connotations of words and phrases within a particular group of target subjects are important to be respected. (27) Eighthly, the translation was tested for qualitative validation not only by experts but also, by including the target population which is recommended. (25) Ninthly, an examiner who is fluent in the target language administered the questionnaire to several examinees from different social economic backgrounds and relevant geographic regions as cognitive debriefing requires. (28) Cognitive debriefing is an important and valuable step because translators cannot anticipate all problems encountered by examinees taking a test. (29) Additionally, the use of bilingual subjects only for validation also creates methodological problems. The translated instrument is intended ultimately for monolingual subjects. Bilingual individuals often adopt some of the concepts, values, attitudes, and role expectations of the culture of the second language that they have mastered. Thus, bilinguals represent a separate population whose responses cannot be automatically generalized to the monolingual target population. (24) The sample size used for the cognitive debriefing component, in the current study, is more than the minimum five recommended by the MAPI Research Trust (29) and almost the same sample size was used in a comparable study to produce the Spanish version of the TAPQOL questionnaire. (7) Tenthly, using combination of steps (translation, reconciliation, expert panel, cognitive debriefing) assured multiple evaluations of both the semantic and idiomatic equivalence of the English and Arabic languages. (30)

In the current study a back-translation in to English was not undertaken due to time constraint, although it is recommended by the WHO. (21) However, this might not be considered a real source of error because there is no consensus on the benefit the back translation would provide and even it may be counterproductive. (18, 31) There is an empirical evidence that back translation is not a guarantee that the actual translation is equivalent (31) and it has been shown that the use of back-translation as a translation quality assessment method can have a detrimental effect on a research study. (32) It has been documented that when translators know that their work is going to be subjected to back translation, they use wording that ensures that a second translation would faithfully reproduce the original text (i.e., more literal translation) rather than a translation using the optimal wording in the target language. (18) By comparing two methods to obtain adapted versions of the same instrument: one the international Quality of Life Assessment group's methodology and the other a quicker process without back translation or committee; both versions had similar psychometric properties. (33, 34) A recent study with an experimental design showed that back translation might have limited use, particularly if the adaptation team speaks both source and target languages. (35) And there is a recommendation commended that efforts should be directed towards ensuring quality in the translation itself – by a committee or team approaches; by the involvement of suitable translation, content and survey experts, as done in the current study, rather than towards ensuring quality of the translation by back translation. (31)

In the present study, the number of the used probing questions were much fewer than the number of those used in Younan et al., study (2019) (30) who used the following probing questions "Did you need to ask for clarification or qualify your answer?", "Did you have any difficulty using the response options?", "Was there any word you did not understand?", "Did you need to ask for a question to be rephrased?", "In your own words, what does this question ask?", "If it was up to you, how would you rephrase the question?", "Was the question as put easy or hard to answer? Why?" and "Is there anything else you would like to say about the questions or the questionnaire?". However, fewer probing questions in the current study is not a real source of error because the questions asked and the interviewer's observation of the flow of the interviews revealed that the mothers of the sampled children found no comprehension problems regarding the translated TAPQOL. In the present study, the validation of the Arabic version of the TAPQOL questionnaire was only qualitative validation without conducting extensive psychometric testing in order to complete the validation. This could be considered a limitation of the current study as in spite of being approved to have good psychometric properties in reports of previous translations of the TAPQOL questionnaire in other languages (1, 5, 6, 8, 9), it would still be useful to complete the validation by extensive psychometric testing of the Arabic version.

CONCLUSION AND RECOMMENDATIONS

The Egyptian Arabic version of the TAPQOL has proven to be acceptable and culturally equivalent to its English version as its face and content validity was qualitatively confirmed. Future studies should extensively investigate the psychometric properties of the Arabic version of the TAPQOL questionnaire and compare them with those of the original version.

CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

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Annex A (11)

TAPQOL

Questionnaire

for parents of children aged 9 months to 6 yrs

Would you please answer the following questions first?

Is the child in question a boy or a girl?	❑ boy	❑ girl	
What is the child's date of birth?	..... (month)	..... (day)	..... (year)
On what date was this questionnaire completed?	..... (month)	..... (day)	..... (year)

UK/English FINAL version of 03-Feb-2012 - TransPerfect

Number: [_ _ _ _ _ _ _ _ _]

INSTRUCTIONS

Dear Sir / Madam,

The questions in this survey pertain to different aspects of your child's health. Please answer the questions by placing an X in the box next to the response that best describes your child.

For example:

In the last three months, has your child had ..

Ear-ache ☒ never ❑ occasionally ❑ often

1

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

If your child never had an earache, as in the above example, please go to the next question.

If your child had an earache 'occasionally' or 'often', please place an X by one of those answers. Just below these two answers you will find the statement beginning with "At those times, my child felt". Indicate there how your child felt. For example:

In the last three months, has your child had ..

Ear-ache ❑ never ☒ occasionally ❑ often

1

At that time, my child felt:

❑ fine ❑ not so good ☒ quite bad ❑ bad

Then go to the next question.

This was an example.
The questionnaire starts on the next page.

In the last three months, has your child had:

Stomach-ache or abdominal pain ❑ never ❑ occasionally ❑ often

1

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Colic ❑ never ❑ occasionally ❑ often

2

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Eczema ❑ never ❑ occasionally ❑ often

3

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Itchiness ❑ never ❑ occasionally ❑ often

4

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Dry skin ❑ never ❑ occasionally ❑ often

5

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Bronchitis ❑ never ❑ occasionally ❑ often

6

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Difficulty with breathing or lung problems ❑ never ❑ occasionally ❑ often

7

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

In the last 3 months has your child had:

Shortness of breath ❑ never ❑ occasionally ❑ often

8

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Nausea ❑ never ❑ occasionally ❑ often

9

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

How did your child sleep over the last 3 months?

Did your child sleep restlessly? ❑ never ❑ occasionally ❑ often

10

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Was your child awake at night? ❑ never ❑ occasionally ❑ often

11

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Did your child cry at night? ❑ never ❑ occasionally ❑ often

12

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Did your child have difficulty sleeping through the night? ❑ never ❑ occasionally ❑ often

13

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

How did your child eat and drink over the last three months?

Was your child's appetite poor? ❑ never ❑ occasionally ❑ often

14

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Did your child have difficulty eating enough? ❑ never ❑ occasionally ❑ often

15

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Did your child refuse to eat? ❑ never ❑ occasionally ❑ often

16

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

How was your child's behaviour over the last 3 months?

My child was short-tempered ❑ never ❑ occasionally ❑ often

17

My child was aggressive ❑ never ❑ occasionally ❑ often

18

My child was irritable ❑ never ❑ occasionally ❑ often

19

My child was angry ❑ never ❑ occasionally ❑ often

20

My child was restless or impatient with me ❑ never ❑ occasionally ❑ often

21

My child was defiant / awkward with me ❑ never ❑ occasionally ❑ often

22

I could not manage my child ❑ never ❑ occasionally ❑ often

23

How was your child's mood in the last 3 months?

In good spirits 24	❑ never	❑ occasionally	❑ often
Cheerful 25	❑ never	❑ occasionally	❑ often
Happy 26	❑ never	❑ occasionally	❑ often
Frightened 27	❑ never	❑ occasionally	❑ often
Tense 28	❑ never	❑ occasionally	❑ often
Anxious 29	❑ never	❑ occasionally	❑ often
Energetic 30	❑ never	❑ occasionally	❑ often
Active 31	❑ never	❑ occasionally	❑ often
Lively 32	❑ never	❑ occasionally	❑ often

If your child is *under* the age of 18 months, you do **not** have to complete the rest of this questionnaire.
Thank you very much for your co-operation!

If your child is 18 months of age or *older*, please continue completing the questions on the following pages.

How was your child's behaviour with other children over the last 3 months?

My child was able to play happily with other children ❑ never ❑ occasionally ❑ often

33

My child was at ease with other children ❑ never ❑ occasionally ❑ often

34

My child was confident with other children ❑ never ❑ occasionally ❑ often

35

Over the last 3 months, compared with other children of the same age, did your child have:

Difficulty with walking ❑ no ❑ yes, a little ❑ yes, a lot ❑ cannot walk

36

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Difficulty with running ❑ no ❑ yes, a little ❑ yes, a lot ❑ cannot walk

37

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Difficulty with walking up stairs without help? ❑ no ❑ yes, a little ❑ yes, a lot ❑ cannot walk

38

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Difficulty with balance ❑ no ❑ yes, a little ❑ yes, a lot ❑ cannot walk

39

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Over the last 3 months, <u>compared with other children of the same age</u>, did your child have:

Difficulty in understanding what others said? ❑ never ❑ occasionally ❑ often

40

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Difficulty in talking clearly? ❑ never ❑ occasionally ❑ often

41

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Difficulty in saying what he / she meant? ❑ never ❑ occasionally ❑ often

42

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

Difficulty in making it clear what he / she wanted? ❑ never ❑ occasionally ❑ often

43

At that time, my child felt:

❑ fine ❑ not so good ❑ quite bad ❑ bad

This is the end of the questionnaire.
Thank you for completing it!

Annex B: (11)

TAPQOL

Questionnaire

لأولياء أمور الأطفال الذين تتراوح أعمارهم بين شهرين إلى ٤٨ شهر

هل من الممكن أن تجيب أولًا على الأسئلة التالية؟

هل الطفل المعنِي ولد أم بنت؟ ❑ ولد ❑ بنت

ما هو تاريخ ميلاد الطفل؟ ....

(يوم) (شهر) (سنة)

في أى تاريخ تم إكمال هذا الاستبيان؟ ....

(يوم) (شهر) (سنة)

رقم:[_ _ _ _ _ _ _ _]

إرشادات

عزيزى السيد/السيدة،

تتعلق أسئلة هذا الإستبيان بجوانب مختلفة من صحة طفلك. يُرجى الإجابة على الأسئلة بوضع علامة (X) فى المربع المجاور للإجابة التي تصف طفلك بشكل أفضل.

على سبيل المثال:

فى الأشهر الثلاثة الماضية، هل كان طفلك يعانى من ..

إلتهاب شُعَبى (نزلة شعبية) ☒ أبدًا ☐ أحياناً (فى بعض الوقت) ☐ غالبًا (فى معظم الوقت)

٦ **فى ذلك التوقيت، شعر طفلى بأنه**

☐ جيد ☐ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ☐ سيئ بعض الشئ (إلى حد ما) ☐ سيئ

إذا لم يعانِ طفلك من ألم في الأذن أبدًا، كما فى المثال أعلاه، يُرجى الإنتقال إلى السؤال التالى.

إذا كان طفلك يعاني من إلتهاب شعبى (نزلة شعبية) "أحيانًا (فى بعض الوقت)" أو "غالبًا (فى معظم الوقت)"، فيُرجى وَضْع علامة X بجانب إحدى هاتين الإجابتين. ستجد أسفل هاتين الإجابتين مباشرةً العبارة التى تبدأ بـ "فى ذلك التوقيت، شعر طفلى بأنه". أَشِر هناك إلى حالة طفلك كما شَعَرَ بها فى ذلك التوقيت. على سبيل المثال:

إلتهاب شُعَبى (نزلة شعبية) ☒ أبدًا ☐ أحياناً (فى بعض الوقت) ☐ غالبًا (فى معظم الوقت)

٦ **فى ذلك التوقيت، شعر طفلى بأنه**

☐ جيد ☐ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ☒ سيئ بعض الشئ (إلى حد ما) ☐ سيئ

ثم إنتقل إلى السؤال التالى.

هذا مثال.
يبدأ الإستبيان فى الصفحة التالية.

فى الأشهر الثلاثة الماضية، هل كان طفلك يعانى من:

ألم في المعدة أوالبطن (وجع بسيط فى بطنه أو معدته)

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

مغص (كركبة فى البطن ببكاء و صريخ)

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

إكزيما

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٣

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

هرش

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٤

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

جفـاف الجلـد (جلـده ناشف؟)

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٥

فى ذلك التوقيت، شعرا طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

إلتهـاب شُـعَبى (نزلـة شعبية)

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٦

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

صعوبة في التنفس أو مشاكل في الرئة (صعوبة إنه يأخذ نفسه أو مشاكل فى صدره)

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٧

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

فى الأشهر الثلاثة الماضية، هل كان طفلك يعانى من:

نهجان (نفسه مش داخل = نفسه قصير) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٨

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

غثيان (ميل للقئ) (غممان أو عايز يرجع) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٩

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

كيف كان طفلك ينام خلال الأشهر الثلاثة الماضية؟

هل كان نوم طفلك مضطرب و يقلق فى نومه؟ ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٠

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

هل كان طفلك مستيقظًا طوال الليل (هل كان بيفضل صاحى طول الليل)؟ ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١١

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

هل كان يبكى طفلك فى الليل (هل كان بيعيط بالليل؟)

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٢

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

هل يواجه طفلك صعوبة فى النوم خلال الليل (هل كان فيه صعوبة فى النوم خلال الليل) = أرق

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٣

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

كيف كان طفلك يأكل ويشرب خلال الأشهر الثلاثة الماضية؟

هل كانت شهية طفلك ضعيفة (هل كانت نِفسه مش مفتوحة للأكل)؟

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٤

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

(هل كان يواجه طفلك صعوبة في تناول طعام كافٍ) هل بيكون فيه صعوبة إنه يأخذ أكل كفاية؟)

❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٥

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

هل يرفض طفلك الطعام (هل طفلك لما تقدميله الأكل كان بيرفضه؟) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٦

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

كيف كان سلوك طفلك خلال الأشهر الثلاثة الماضية؟

كان طفلى سريع الغضب (نفسه قصير - خلقه ضيق) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٧

كان طفلى عدوانيًا ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٨

كان طفلى منفعل ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

١٩

كان طفلى غاضبًا) ابنى كان غضبان) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٠

كان طفلى قليل الصبر ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢١

كان طفلى متهور ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٢

كان طفلى لا يُستطاع السيطرة عليه ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٣

كيف كانت حالة طفلك المزاجية خلال الأشهر الثلاثة الماضية؟

بحالة مزاجية جيدة (مزاجه كويس؟/ روحه طيبة؟) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٤

مبتهج (مرح/ مسرور) = بشوش (فى معاملاته مع الناس) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٥

سعيد (مبسوط) سواء وهو لوحده (بينه وبين نفسه) أو فى معاملاته مع الناس ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٦

خائف (خايف) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)❑

٢٧

مرعوب (يرتعش ويلتفت يمينًا وشمالًا) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٨

قلقان من حاجة تشغل تفكيره ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٢٩

مفعم بالطاقة (مليان بالحيوية؟) = يِهِم عشان يعمل أنشطته مايكسلش عنها
٣٠
❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

نشيط (بيقوم بعمل حاجات كتيرة)
٣١
❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

مفعم بالحيوية (كله نشاط ومُقبِل على الحياة؟)
٣٢
❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

إذا كان عمر طفلك *أقل* من ١٨ شهرًا، **فلا** حاجة لإكمال بقية هذا الإستبيان.
شكرًا جزيلًا لتعاونكم**!**

إذا كان عمر طفلك ١٨ شهرًا أو أكثر، يُرجى مواصلة إكمال الأسئلة فى الصفحات التالية.

كيف كان سلوك طفلك مع الأطفال الآخرين خلال الأشهر الثلاثة الماضية؟

كان طفلى قادرًا على اللعب بسعادة مع الأطفال الآخرين (ابنى كان بيقعد يلعب بسعادة مع الأولاد/ الأطفال الآخرين؟)
٣٣
❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

كان طفلى مرتاحًا مع الأطفال الآخرين (كان طفلى عادى أو طبيعى مع الأطفال الآخرين)
٣٤
❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

كان طفلى واثقًا من نفسه مع الأطفال الآخرين (ابنى كان واثق من نفسه لما بيكون مع الأطفال الآخرين؟)
٣٥
❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

خلال الأشهر الثلاثة الماضية، بالمقارنة مع الأطفال الآخرين فى نفس العمر، هل كان طفلك يعانى من:

صعوبة فى المشى (عنده مشكلة فى المشى)؟ ❑ لا ❑ نعم، قليلًا ❑ نعم، كثيرًا ❑ لا يستطيع المشى

٣٦

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

صعوبة فى الجرى (عنده مشكلة فى الجرى)؟ ❑ لا ❑ نعم، قليلًا ❑ نعم، كثيرًا ❑ لا يستطيع المشى

٣٧

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

صعوبة فى صعود السلم دون مساعدة (صعوبة فى طلوع السلم من غير ما يساعده حد؟) ❑ لا ❑ نعم، قليلًا ❑ نعم، كثيرًا ❑ لا يستطيع المشى

٣٨

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

صعوبة فى الإتزان (مابيقعش؟) ❑ لا ❑ نعم، قليلًا ❑ نعم، كثيرًا ❑ لا يستطيع المشى

٣٩

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

خلال الأشهر الثلاثة الماضية، بالمقارنة مع الأطفال الآخرين في نفس العمر، هل كان طفلك يعانى من:

صعوبة فى فهم ما يقوله الآخرين؟ ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٤٠

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

صعوبة فى التحدث بوضوح (صعوبة فى إنه يتكلم بشكل واضح)؟ ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٤١

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

صعوبة فى قول ما يعنيه؟ (صعوبة فى إنه يقول ما يقصده؟) ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٤٢

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

صعوبة فى توضيح ما يريده (صعوبة فى إنه يوضح هو عايز إيه)؟ ❑ أبدًا ❑ أحيانًا (فى بعض الوقت) ❑ غالبًا (فى معظم الوقت)

٤٣

فى ذلك التوقيت، شعر طفلى بأنه:

❑ جيد ❑ ليس جيدًا جدًا (مش جيد قوى = يا دوب) ❑ سيئ بعض الشئ (إلى حد ما) ❑ سيئ

وهنا نهاية الإستبيان.
شكرًا لك على إكماله!