The following outlines the procedures and guidelines to follow when translating the World Health Organization-Composite International Diagnostic Interview (WHO-CIDI) questionnaire from American English to other languages. The WHO-CIDI questionnaire has been developed in sections over a period of several years, and translations were done across many versions of the questionnaire. Therefore, nearly all language versions will require updating, with earlier versions requiring significant translation review and updates.

The WHO-CIDI is a copyrighted instrument that has been developed as a joint collaboration with experts from many different disciplines who all agreed to transfer their copyright to WHO as the custodian of the instrument. Researchers wishing to use the WHO-CIDI in a language other than English are required to update the translation for the sections they will use and share the translation with the WHO-CIDI training center so it can be placed in the restricted area of the website for use by other certified WHO-CIDI users.

Please note that materials other than the questionnaire may also need to be translated. These include the respondent materials and interviewer training manuals and materials. Although it is important that these latter materials are translated carefully, these translations do not need to follow the steps outlined below.

The remaining questionnaire text should undergo the translation and adaptation process described below.

**TEXT TO BE TRANSLATED:**

All elements of the questionnaire will be translated, including:
- Question items
- Response choices
- Instructions to the respondent
- Other text (e.g., instructions to the interviewer)

**PROCESS OF TRANSLATION:**

The aim of this process is to achieve different language versions of the English questionnaire that are conceptually and culturally equivalent in each of the target countries/cultures. That is, the instrument should be equally natural and acceptable and it should perform in the same way (functional equivalence). The focus is on cultural rather than literal equivalence.

Wherever possible, previously translated materials should be used (previous versions of the CIDI, SCAN, DIS and ICD-10 and DSM-IV should first be consulted). For items in the questionnaire taken from standard instruments on topics such as the use of services, disability, and socio-demographic items, etc., other officially approved versions of these questions should be used.
The project investigator will be designated as the ‘editor-in-chief’ and will assure adherence to these translation guidelines. The editor-in-chief’s role is to oversee the entire translation process, including the selection and supervision of the translators, convening and chairing the expert panel, overseeing the pre-test, and production of the final translated version of the questionnaire.

The translation process includes the following steps: translation, review and adjudication via the expert panel, pre-testing and cognitive interviewing, international harmonization, and preparation of final version and documentation. Each step is described below:

- **Translation:**

  At least two professional translators, preferably with experience in the language and expressions of individuals with mental health disorders and/or with experience with survey translation should be employed. The translators should be very knowledgeable of the American English culture but his/her mother tongue should be the primary language of the target culture. The two translators should split the task (generally by section or module). In this way translation costs are not increased, the translation can be accomplished more quickly, and the translation process benefits from the input of more than one translator. However, it is very important that each section of the questionnaire is translated in an equally rigorous manner and that there is continuity in the composition of the translation across the various questionnaire sections. Such continuity is important since many phrases and words are repeated throughout the questionnaire.

In the case of the ASRS, it will be possible and advisable to have each translator produce a separate parallel translation.

Translators should be told to emphasize conceptual rather than literal translations, as well as to use natural and acceptable language for the broadest possible audience. The following **general guidelines** should be considered in this process:

- Translators should always aim at the **conceptual equivalent** of a word or phrase, not a word-for-word translation. They should consider the definition of the original term (within the terminology of the ICD, DSM and ICIDH or any other relevant reference) and attempt to translate the term in the most relevant way.

- Translators should strive to be **simple, clear and concise** in formulating a question. Fewer words are better. Long sentences with many clauses should be avoided.

- The target language should aim for the **most common audience**. Translators should avoid addressing professional audiences such as those in medicine or any other professional group. They should consider the typical survey respondent and what they will understand when they hear the question.

- Translators should **avoid the use of any jargon**. For example, they should not use:
  - technical terms that cannot be understood clearly; and
  - colloquialisms, idioms or vernacular terms.

- Translators should consider issues of **gender and age applicability** and avoid any terms that might be considered offensive to the survey population.
review:
an expert panel should be convened by the editor-in-chief. the goal in this step is to identify and resolve the inadequate expressions/concepts in the translation, as well as any discrepancies between the translation and the existing or comparable previous versions of the questionnaire (i.e., CIDI 1.0, and the other standard instruments imbedded). the evaluation should focus on issues such as whether there are changes in pragmatic meaning (what respondents perceive as the meaning), and whether technical aspects are translated appropriately (e.g., linguistic and survey appropriateness of answer scales). the review should focus on how well translated questions work for the targeted population, to indicate where the level of diction is appropriate for the sample population or whether design issues favor one population over another. Where possible, the review should also assess how data collected with the translated instrument compares with data collected with the English questionnaire, to assess whether response patterns for what is nominally the “same question” differ (or do not differ) in expected ways across instruments and populations.

the expert panel may question some words or expressions and suggest alternatives. experts should be given all material to help them to be consistent with previous translations (e.g., previous CIDI versions).

the number of experts in the panel may vary. in general, the panel should include the original translator, experts in the disorders under study as well as survey methodologists. if possible, it would be most desirable that researchers that had participated in the development of previous officially approved CIDI versions or those of other instruments that form the CIDI questionnaire, be included in the panel. details of the qualifications of members of the expert panel should be included in the final report to be submitted to the Data Analysis Coordination Center at Harvard.

the result of this process will produce a complete translated version of the questionnaire.

pretesting and cognitive interviewing:

it is necessary to pre-test the questionnaire on the target population. each module or section will be fully tested using the methodologies outlined below.

a. Pre-test respondents should include individuals representative of those that will be administered the questionnaire. patients suffering from the disorder of interest may be included if additional testing seems warranted.

b. Pre-test respondents should number 10 minimum for each section of the CIDI (more respondents are necessary if patients are also used). these respondents should represent all age groups (18 years of age and older), males and females, and different socio-economic strata.

c. Pre-test respondents should be administered the questionnaire and systematically debriefed. This debriefing should ask the respondent what they understood the question to be asking, whether they could repeat the question in their own words, what came to their mind when they heard a particular phrase or term, and to explain how they choose their answer. these questions should be repeated for each item.

d. The answers to these questions should be compared to the respondent’s actual responses to the questionnaire for consistency.

e. Respondents should also be asked about any word they did not understand as well as any word or expression that they found unacceptable or offensive.

f. Finally, when alternative words or expressions exist for one item or expression, pre-test respondent should be asked to choose which of the alternatives conforms better to their usual language.
g. This information is best accomplished by in-depth personal interviews although the organization of a focus group may be an alternative.

h. It is very important that experienced interviewers as well as selected members of the expert panel conduct these interviews.

A written report of the pre-testing exercise, together with information regarding the participating individuals (demographic and clinical characteristics) should be prepared and sent to the WMH Data Analysis Coordination Center at Harvard.

➢ International Harmonization:
When adapting one instrument in several countries it is important to check if all the country versions have made similar decisions in culturally sensitive items. Since some cultures share the language of origin (e.g., Latin), it is helpful to review if the versions of the questionnaire in each country have followed the same directions i.e., if the same alternative has been chosen when several exist in each culture/language.

➢ Final Version, Documentation:
The final version of the translated questions should be the result of all the steps described above. These materials should be submitted to the WMH Data Analysis Coordination Center at Harvard for a final review:

- Final translated document
- Linguistic evaluation sheets outlining issues that came up during translation and the decisions taken to resolve these
- Details of the composition and qualifications of the expert panel
- Notes/summary from the Review/Expert Panel stage
- A written report of the pre-testing exercise – this should include a description of the sample (the number of individuals as well as their basic and clinical characteristics) and responses to the questions outlined in the instructions for de-briefing.