



TRANSLATION & CROSS CULTURAL ADAPTATION

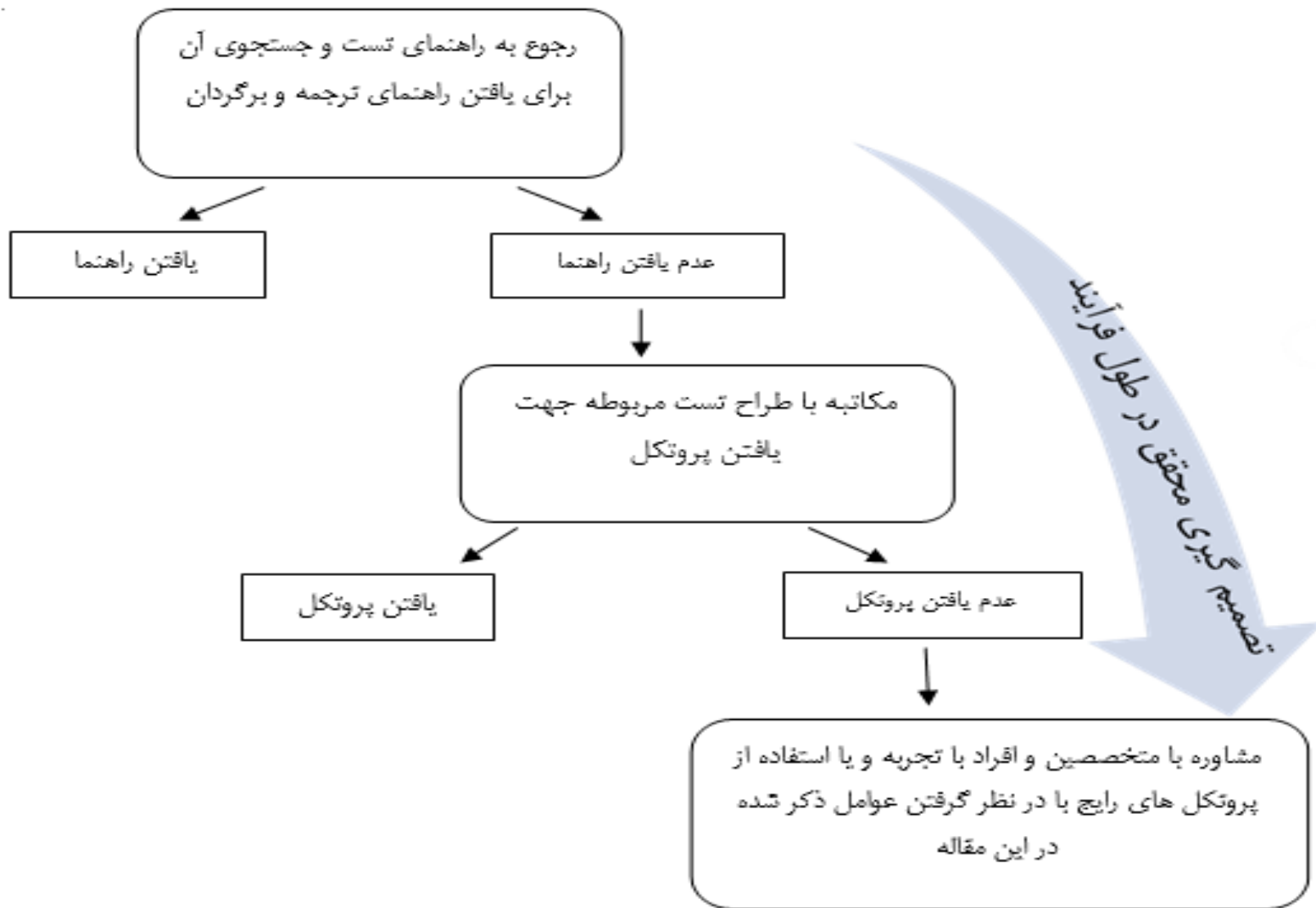
Abbas Ebadi (Ph.D.)

Baqiatallah University of Medical Sciences

Abbas Ebadi(Ph.D)

گام های ترجمه و تطابق فرهنگی

1. مقدماتي (چرایی انتخاب ابزار؟؟؟)
2. اخذ مجوز و رعایت کپی رایت
3. ترجمه از زبان اصلي به زبان هدف
4. تلفیق و ترکیب ترجمه های اولیه به يك ترجمه واحد
5. برگرداندن نسخه نهایی ترجمه شده از زبان هدف به زبان اصلي
6. بازنگري نسخه ترجمه شده از زبان هدف به زبان اصلي
7. کسب اطلاعات شناختي
8. اصلاح و جمع بندي
9. روانسنجي
10. گزارش نهایی



- ترجمه صرف (*Forward – only T*)
- ترجمه صرف همراه با آزمون کردن آن
- ترجمه برگشتی (*Backward T*)
- ترجمه برگشتی همراه با آزمون تک زبانه آن
- ترجمه برگشتی همراه با آزمون دو زبانه آن
- ترجمه برگشتی همراه با آزمون تک زبانه و دو زبانه

.....Translation

***IQOLA Method & WHO
Forward - backward translated***

Process of translation and adaptation of instruments

WHO Guideline

http://www.who.int/substance_abuse/research_tools/translation/en/

Implementation of this method includes the following steps:

1. Forward translation

2. Expert panel Back-translation

3. Pre-testing and cognitive interviewing

4. Final version

5. Documentation

ISPOR (International Society For Pharmacoeconomics and Outcomes Research)
Principles of Good Practice: The Cross-Cultural Adaptation Process for Patient-Reported Outcomes Measures

The framework for describing each step in the translation process is:

1. **Preparation**—initial work carried out before the translation work begins;
2. **Forward translation**—translation of the original language, also called source, version of the instrument into another language, often called the target language;
3. **Reconciliation**—comparing and merging more than one forward translation into a single forward translation;
4. **Back translation**—translation of the new language version back into the original language;
5. **Back translation review**—comparison of the back-translated versions of the instrument with the original to highlight and investigate discrepancies between the original and the reconciled translation, which is then revised in the process of resolving the issues;
6. **Harmonization**—comparison of back translations of multiple language versions with each other and the original instrument to highlight discrepancies between the original and its derivative translations, as well as to achieve a consistent approach to translation problems;
7. **Cognitive debriefing**—testing the instrument on a small group of relevant patients or lay people in order to test alternative wording and to check understandability, interpretation, and cultural relevance of the translation;
8. **Review of cognitive debriefing results and finalization**—comparison of the patients' or lay persons' interpretation of the translation with the original version to highlight and amend discrepancies;
9. **Proofreading**—final review of the translation to highlight and correct any typographic, grammatical or other errors;
10. **Final report**—report written at the end of the process documenting the development of each translation.

Cross-Cultural Adaptation of Self-Report Measures

• **Beaton** et al SPINE Volume 25, Number 24, pp 3186–3191

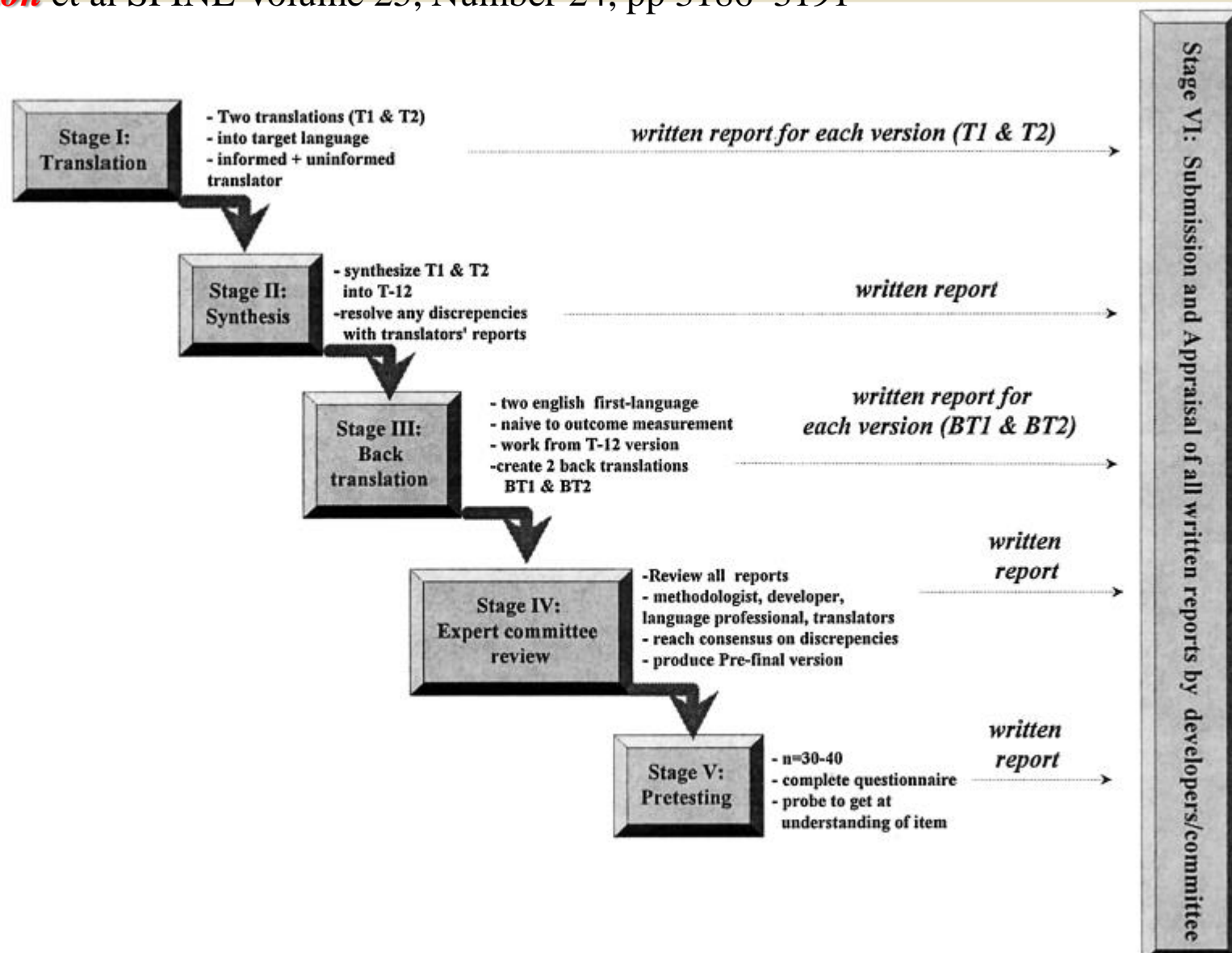
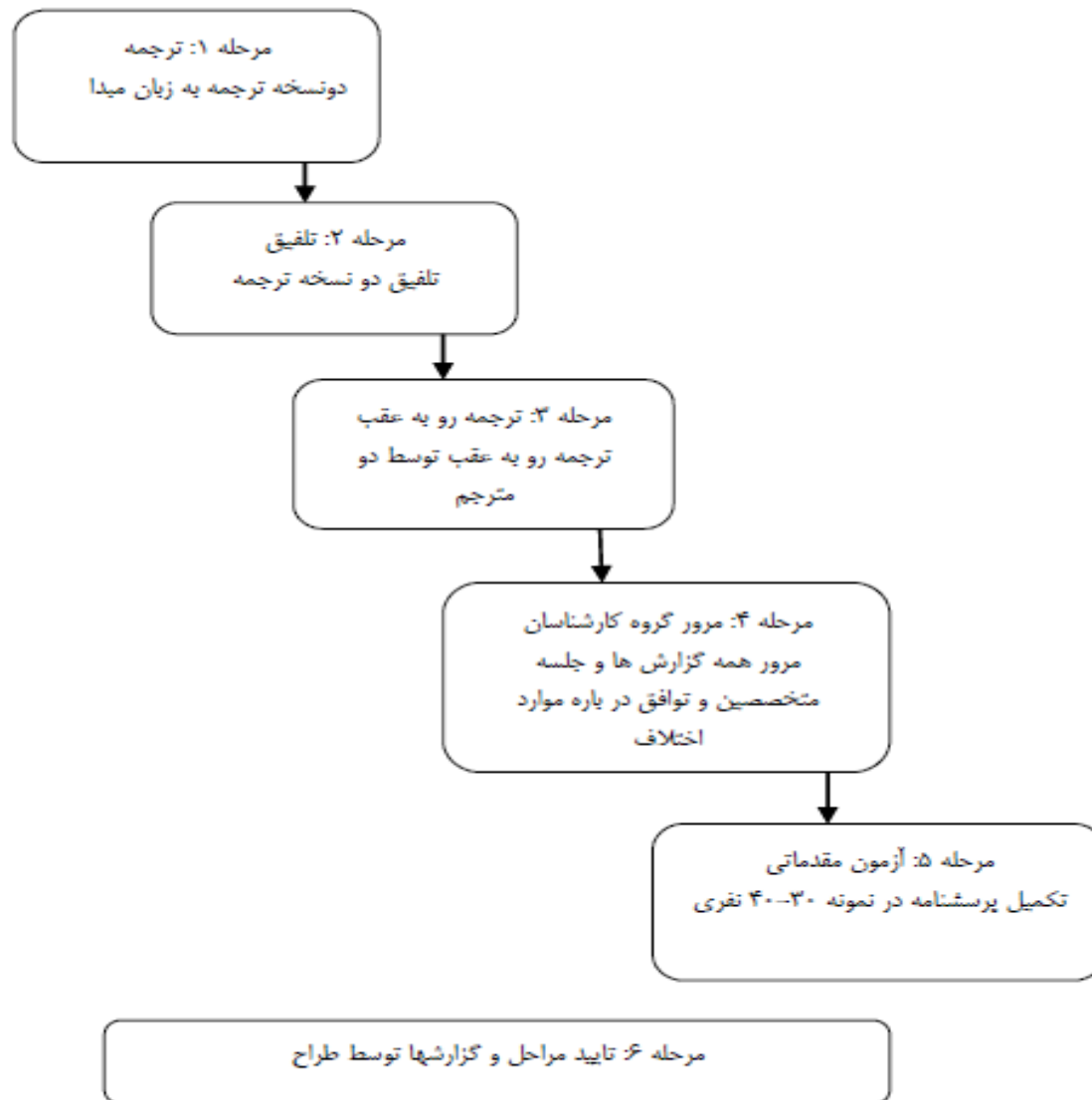
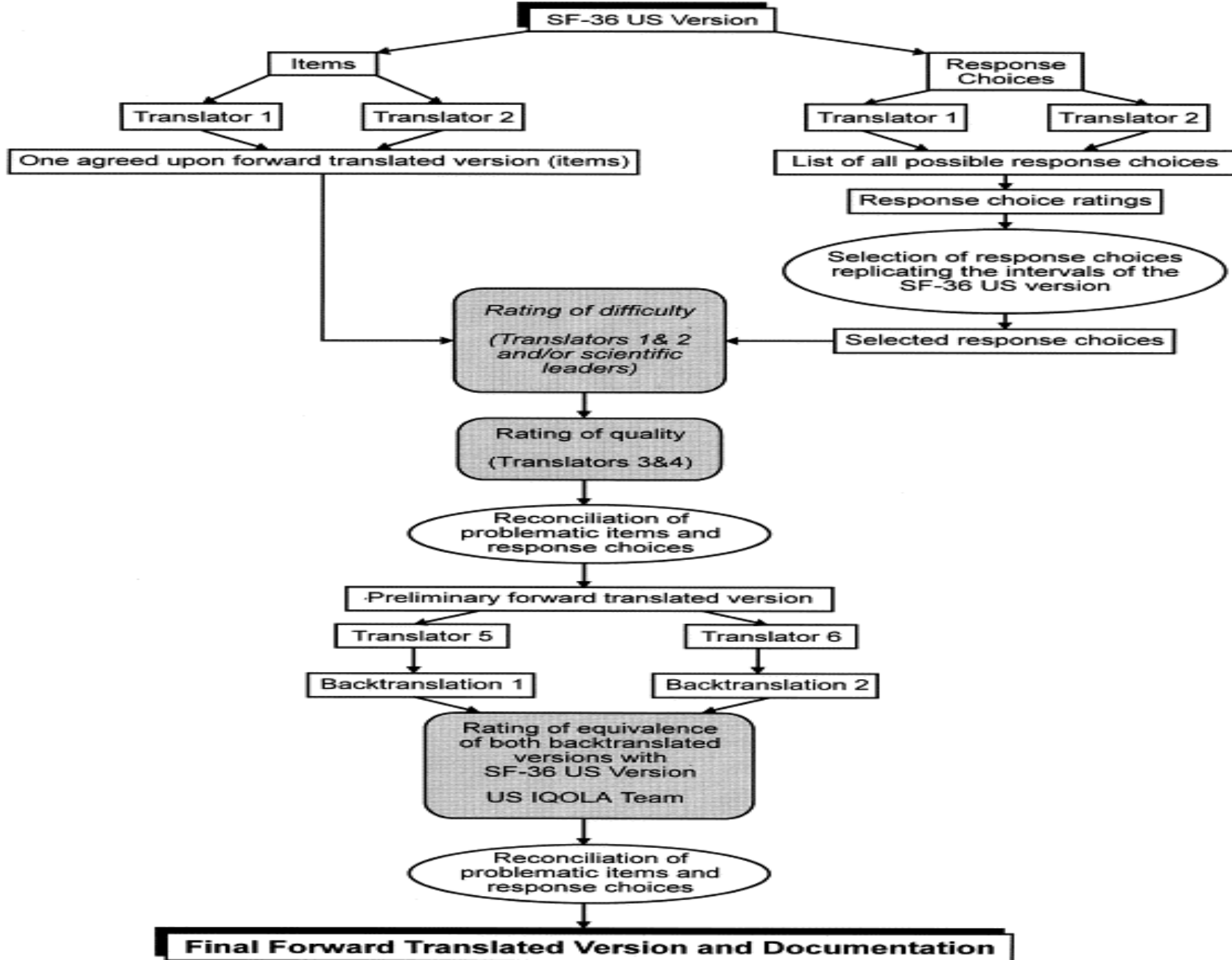
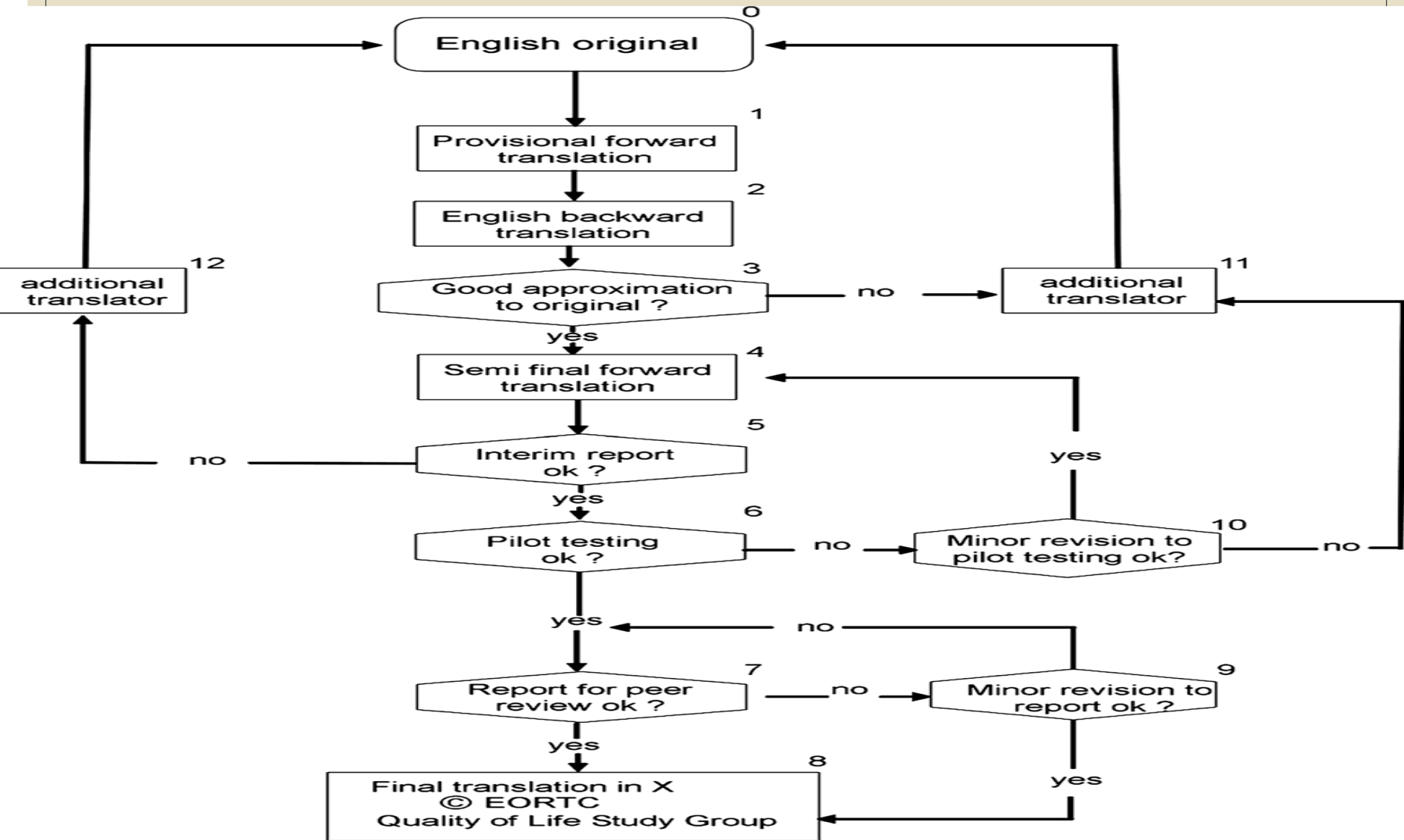


Figure 1. Graphic representation of the stages of cross-cultural adaptation recommended.



تصویر ۱: ترجمه و تطابق فرهنگی راهنمای بیتون و همکاران





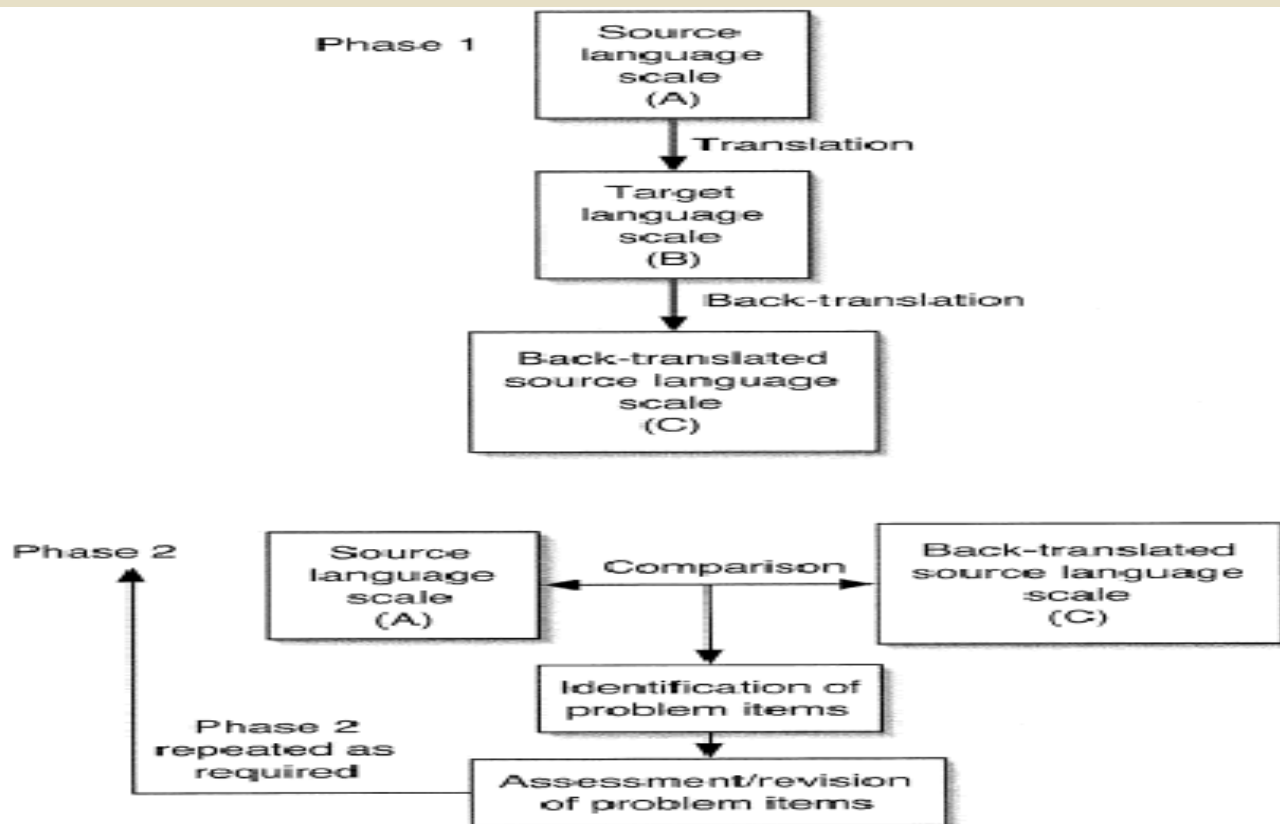
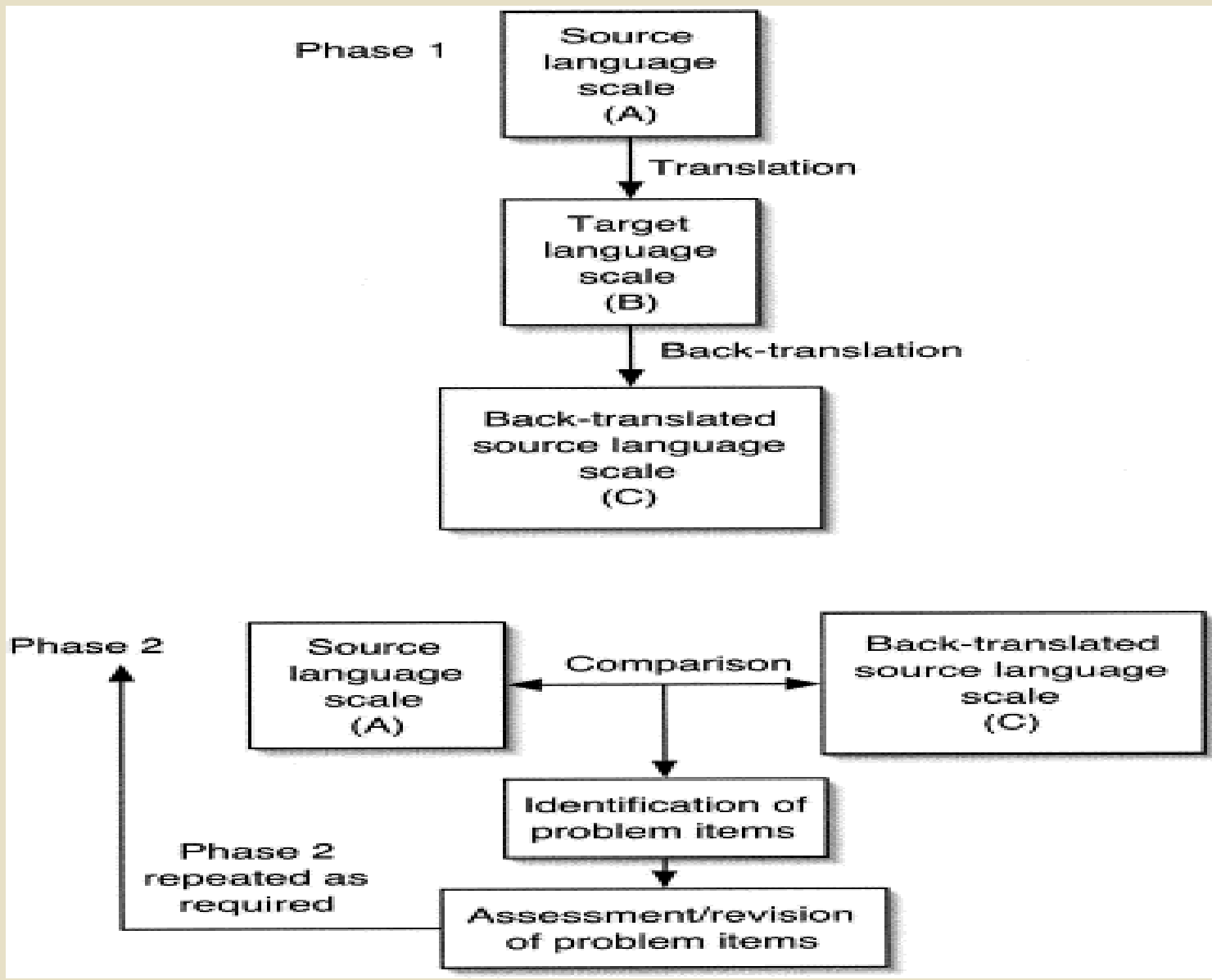


Figure 1. Flow diagram of the translation (phase 1) and validation (phase 2) processes. The mean comparison scores at each stage determine the number of times that phase 2 is repeated.



Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures: Report of the ISPOR Task Force for Translation and Cultural Adaptation

Diane Wild, MSc,¹ Alyson Grove, MSc,¹ Mona Martin, MPA,² Sonya Eremenco, MA,³ Sandra McElroy, BA,⁴ Aneesa Verjee-Lorenz, MSc,¹ Pennifer Erikson, PhD⁵

¹Oxford Outcomes Ltd., Oxford, UK; ²Health Research Associates, Seattle, WA, USA; ³Center on Outcomes, Research, and Education (CORE), Evanston, IL, USA; ⁴Pfizer Inc., Kalamazoo, MI, USA; ⁵Pennsylvania State University, State College, PA, USA

Table 1 Step 1—Preparation

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
1. Obtain permission to use instrument	1. To respect copyright	1. The client or the project manager contacts the instrument developer to ask for permission to use and translate the instrument	1. Being prosecuted for unauthorized use of copyright material
2. Invite instrument developer to be involved	2. If the instrument developer is involved, he/she is often able to clarify any ambiguities, and clarify the concepts behind the items	2. The project manager or the client invites the instrument developer to be involved in the translation process. The extent of their involvement is dependent on their own level of interest in the instrument	2. Misinterpretation of items or concepts
3. Develop explanation of concepts in instrument	3. To strengthen the conceptual equivalence of the forward translations, and help to avoid any ambiguities	3. The project manager works with the instrument developer (where possible) to produce information about the conceptual basis for the items in the measure, for use by the translators in the process	3. Misinterpretation of items or concepts
4. Recruit key in-country persons to the project	4. To have a key person in the target country to work closely with the project manager for the duration of the translation process	4. The project manager recruits a key in-country person for each target language	4. Not applicable

Table 2 Step 2—Forward Translation

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
1. Development of at least two independent forward translations	1. Translations can be compared, enabling detection of errors and divergent interpretation of ambiguous items in the original, thus reducing the potential bias of each key in-country person and forward translators	1. Two or more forward translators carry out independent forward translations of the instrument. It is preferable that one forward translation be carried out by the key in-country person	1. A translation which includes too much of one person's own style of writing
2. Provision of explanation of concepts in the instrument to the key in-country persons and forward translators	2. To provide key in-country persons and other forward translators with a clear explanation of the basic concepts, with the intention that the translations will capture the conceptual meaning of the questions rather than being a literal translation	2. The project manager provides the key in-country person and the other forward translators with background information about the conceptual basis of the measure. The project manager should instruct them to produce colloquial translations that will be easily understood by the general lay population. In some circumstances it may be necessary to ask that wording is kept compatible with certain reading levels or ages	2. Lack of conceptual equivalence in translations due to misinterpretation of items

Table 3 Step 3—Reconciliation

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
Reconciliation of the forward translations into a single forward translation	Reconciliation resolves discrepancies between the original independent translations, and seeks agreement between individual speech habits and preferences. A consensus may require alternative translations to be produced but results in one final reconciled forward translation ready for back translation	Where possible, reconciliation should be carried out via discussion with the key in-country person and the second forward translator, with input from the project manager. Alternatively an independent translator may be used to perform the reconciliation. As a minimum requirement, the key in-country person may compare the two forward translations and reconcile them via discussions with the project manager, with reference to the second forward translator for difficult items	A biased translation that is written in one person's own personal style or speech habit; misinterpretations remaining in the translation

Table 4 Step 4—Back Translation

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
Back translation of the reconciled translation into the source language	<ol style="list-style-type: none">1. The primary purpose of the backward translation process is to provide a quality-control step demonstrating that the quality of the translation is such that the same meaning can be derived when the translation is moved back into the source language2. Some constructs (e.g., medical symptoms) might require a more literal back translation while more subjective constructs (e.g., QoL items) might need to be rendered more conceptually	Back translators should be used to carry out at least one backward translation. Depending upon the nature of the content of the measure, it should be made clear by the project manager whether a literal or conceptual back translation is required	<ol style="list-style-type: none">1. A translation in the new language version, which has a different content to and/or conceptual basis from the source measure (and therefore less likely to maintain the psychometric performance that source measure demonstrated)2. A translation that does not respect the normal speech patterns and colloquialisms of the target culture

Table 5 Step 5—Back Translation Review

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
Review of the back translations against the source language	To ensure the conceptual equivalence of the translation	<p>The project manager and the key in-country person should review the back translations against the source instrument to identify any discrepancies</p> <p>The project manager should address the problematic items and, in liaison with the key in-country person, refine the translation</p> <p>It may also be useful to involve the developer to help resolve difficult issues</p>	A mistranslation or omission may be overlooked and therefore remains in the translation

Table 6 Step 6—Harmonization

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
Harmonization of all new translations with each other and the source version	To detect and deal with any translation discrepancies that arise between different language versions, thus ensuring conceptual equivalence between the source and target language versions and between all translations. This provides an additional quality-control step and further ensures that data from global trials can be safely aggregated	Harmonization can be achieved in two main ways: <ol style="list-style-type: none"><li data-bbox="784 405 1512 776">1. A harmonization meeting chaired by the project manager, where back translators representing each language provide a verbal back translation of each item in the measure. Close attention should be paid to the correspondence of each back translated item to the original version as well as to any instances or trends of differences between language versions in their rendering of the concepts<li data-bbox="784 782 1512 1248">2. The project manager identifies items, which are found to be conceptually problematic in one or more languages. He/she then shares translation solutions for those items with all other key in-country persons working on the measure at the same time. These solutions can be shared at any point during the translation process, but are mainly communicated at the point of back translation review. It may also be useful to refer difficult items to the developer for clarification	Translations that include differences between language versions may make it difficult to aggregate the global data set

Table 7 Step 7—Cognitive Debriefing

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
Cognitive debriefing of the new translation, usually with patients drawn from the target population	<p>To assess the level of comprehensibility and cognitive equivalence of the translation</p> <p>To test any translation alternatives that have not been resolved by the translators</p> <p>To highlight any items that may be inappropriate at a conceptual level</p> <p>To identify any other issues that cause confusion</p>	<p>The newly translated measure should be tested for cognitive equivalence by the key in-country person (or another in-country consultant) on a group of 5 to 8 respondents in the target country</p> <p>Respondents should be native speakers of the target language who adequately represent the target population (sex, age, education, diagnosis)</p> <p>In certain circumstances it may be appropriate to include healthy respondents</p>	<p>Missing or inaccurate data resulting from respondents' misunderstanding of items</p>

Table 8 Step 8—Review of Cognitive Debriefing Results and Finalization

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
Cognitive debriefing results are reviewed and the translation finalized	To incorporate findings of the debriefing process to improve the performance of the translation	<ol style="list-style-type: none"> 1. The project manager reviews the results from cognitive debriefing and identifies translation modifications necessary for improvement. Items and response options may be reworded where respondents' comments justify such changes 2. Following agreement on changes between the project manager and the key in-country person, the translation can be finalized 	<p>Translation may include words or phrases that are not familiar to or commonly used by the respondents</p> <p>Subsequent data collected may include a high level of missing data, or may be inappropriate to aggregate</p>

Table 9 Step 9—Proofreading

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
The finalized translation is proofread	To check for minor errors which have been missed during the translation process	The key in-country person and/or a proof reader checks the final translation and corrects any remaining spelling, diacritical, grammatical, or other errors	A final translation that contains spelling, grammatical, and/or other errors

Table 10 Step 10—Final Report

Critical components	Rationale	Who should do this?	What are the risks of not doing this?
Report is written on the development of the translation	<ol style="list-style-type: none"> To clearly explain the reasons for all translation/ wording choices made throughout the translation process This is essential for future translations of the same measure to be harmonized with language versions previously developed 	The project manager writes the final report, which should include a full description of the methodology used, plus an item-by-item representation of all translation decisions undertaken throughout the process	<ol style="list-style-type: none"> Translations of measures that may not be used because of inadequate reporting of methods used in development Development of subsequent translations that are not harmonized with previous language versions

كسب اطلاعات شناختي

◦ در این مرحله پرسشنامه ترجمه شده ، در گروه كوچكي از افراد یا بیماران موردنظر به منظور قابلیت درك آنها، تفسیر و برداشت افراد و بررسی کلمات جایگزین، مورد آزمایش قرار می گیرد.

◦ سازمان بهداشت جهانی حداقل ده نفر را كافي دانسته و معتقد است نمونه ها باید از گروه های جنسي و اجتماعي و اقتصادي متفاوت باشند و بالاتر از 18 سال سن داشته باشند . در این مرحله اطلاعات بدست آمده درباره پرسشنامه مورد تجزیه و تحلیل قرار گرفته و اصلاحات لازم در نسخه ترجمه شده اعمال می شود.

پیش آزمون پرسشنامه

○ حداقل تعداد لازم ۱۰ نفر می باشد

(الف) برداشت آنها از هریک از سؤالات چیست؟

(ب) آیا می توانند سؤال را به زبان خود بازگو نمایند؟

(ج) در صورتی که کلمه یا عبارت خاصی را نمی فهمند، یا به نظرشان آن عبارت یا واژه توهین آمیز و حساسیت زاست است، مطرح نمایند؟

(د) اگر در ترجمه جایگزین های متفاوتی برای کلمات یا جملات وجود داشته باشد، از مخاطبین پرسیده شود که کدام را ترجیح می دهند.

این سؤالات برای تک تک سؤالات پرسشنامه باید تکرار شود

در صورتی که حین ترجمه برگشتی، برابری‌های فرهنگی توسط گروه مترجمان رعایت شود، می‌توان ادعا نمود که پرسش‌نامه منطبق با اصول تطابق فرهنگی ترجمه شده است [۷]. این برابری‌ها شامل موارد زیر هستند:

معنایی: جملات در دو نسخه اصلی و ترجمه شده معانی یکسانی داشته باشند. تک‌تک گویه‌های پرسش‌نامه مورد توافق کمیته مترجمان قرار گیرد و به تفاوت‌های لغوی و دست‌ورزبانی توجه شود.

اصطلاحی: اصطلاحات و واژه‌ها در دو پرسش‌نامه مترادف یکدیگر باشند. معادل‌سازی عبارات و توجه به جنبه‌های احساسی و اجتماعی زبان هدف مورد توجه قرار گیرد.

تجربی: از برابری ترجمه عبارات مربوط به فعالیت‌های روزمره اطمینان حاصل شود.

ادارکی: از برابری درک و مفهوم ترجمه شده در زبان هدف با زبان اصلی اطمینان حاصل شود.

Table 2 – Translation problems – taxonomy and examples

Problem type	Description of the problem	Examples
Semantic	Equivalence in the meaning of <u>words/expressions</u>	Bothered: 11 different meanings in thesaurus but no direct equivalent in other languages
Conceptual	Equivalence in the QL issue addressed by an <u>item</u> Does an item really capture the underlying QL issue (e.g. physical functioning)?	Overall quality of life (Item No. 30): The term <i>quality of life</i> has become colloquial in English, but not necessarily in other countries/cultures/languages <i>Carrying heavy suitcases</i> or <i>carrying heavy bags</i> are not good descriptions for physical functioning because these activities vary according to different lifestyles. Similarly, <i>eating fresh food</i> is not commonly done in some cultures (e.g. India, Thailand)
Misspelling	Compliance with language rules	Intended translations: <i>nagymértékben</i> (very much), <i>mennyit</i> (how much). Translation errors found: <i>agymértékben</i> (brain sized), <i>menny</i> (heaven)
Consistency	Same expression throughout the questionnaire	<i>Trouble</i> , <i>bother</i> , <i>problem</i> : All essentially mean the same (something is 'wrong'), but there are subtle differences that may cause problems for translators <i>Have you had...?</i> versus <i>Did you have...?</i> Both refer to past tense but the first refers to continuous episodes, the second to a single instance
Scaling	Wording of the scales: Do expressions capture intensity of symptoms, not frequency? Is the interval character of the scale intact?	German: <i>überhaupt nicht</i> [1], <i>wenig</i> [2], <i>mäßig</i> [3], <i>sehr</i> [4] the response scale is meant to have interval character, but the German expression <i>mäßig</i> [3] is much closer to <i>wenig</i> [2] than it is to <i>sehr</i> [4]
Cultural diversity/ appropriateness	Has an issue a particular connotation in a given cultural context that is different from the original meaning? Is it sensible/upsetting to address an issue in a given social context?	Social domain plays a much wider importance in the Orient and Asia Thus, back translations from these languages sound much more dramatic: <i>Have you worried about a crisis in your family life?</i> (Arabic) <i>Have you worried about the break up of your family?</i> (Chinese) Sexual issues and social contact have to be asked more politely in Asia, at the risk of losing the essence of the QL issue Social activity in Ukrainian may be mixed up with political activity (particularly with older patients) due to the Soviet presence in history

Dear Hendrick ,

I am a PhD student in sexual & reproductive health. I am going to research about Sexual Attitudes in Iran.

Could you permit me to translate your "The Sexual Attitudes Scale" to Persian language? Your participation is very much appreciated. Thank you for taking the time to this email.

Best Regards

Dear Dr. Catherine Bradley

Greeting,

I am a Midwifery Ph.D. student atUniversity of Medical Sciences in Tebran, Iran.

My research`s title would be " Translation, validity and reliability of a Persian version of the QUID ". Do you give me permission to use your questionnaire ?

Best regards,

Dear Dr. Davison:

I'm PhD student in Sexual and Reproductive health, fromUniversity of Medical Sciences, Tehran, Iran. I intend to assess the validity and reliability of your Monash Women's Health Program Female Sexual Satisfaction Questionnaire in Persian version. So, I need your agreement and cooperation in this regard. I'm waiting for your permission and suggestion.

Best regards

Dear ???

You have our permission to translate the SAS into Persian for use in your research. We hope it turns out well.

Sincerely,

Clyde Hendrick

متن پیشنهادی برای اعلام ترجمه برگشتی به صاحب پرسشنامه

Dear

I hope you are fine. My colleagues translate your **CYRM-12** to Persian and 2 others translate it to English after that.

Would you please check it and let me know your idea about each and total questions, is it as the same as your checklist and assess the main concept?

Thanks

Your sincerely

Table 1. Possible Scenarios Where Some Form of Cross-Cultural Adaptation is Required

Wanting to use a questionnaire in a new population described as follows:	Results in a Change in ...			Adaptation Required	
	Culture	Language	Country of Use	Translation	Cultural Adaptation
A Use in same population. No change in culture, language, or country from source	—	—	—	—	—
B Use in established immigrants in source country	✓	—	—	—	✓
C Use in other country, same language	✓	—	✓	—	✓
D Use in new immigrants, not English-speaking, but in same source country	✓	✓	—	✓	✓
E Use in another country and another language	✓	✓	✓	✓	✓

جدول ۱: تطابق بین فرهنگی

تغییر مورد نیاز		تغییر در			
تطابق فرهنگی	ترجمه	کشور مقصد	زبان	فرهنگ	
-	-	-	-	-	الف) استفاده در جمعیت مشابه، بدون تغییر در فرهنگ، زبان یا کشور مبدا
✓	-	-	-	✓	ب) استفاده در مهاجرین کشور مبدا
✓	-	✓	-	✓	ج) استفاده در کشور دیگر با زبان مشابه
✓	✓	-	✓	✓	د) استفاده در مهاجرین جدید با زبانی غیر از کشور مبدا
✓	✓	✓	✓	✓	ه) استفاده در کشور دیگر و زبان دیگر

جدول شماره ۱- یافته های توصیفی حاصل از ارزیابی کیفیت و دشواری ترجمه نسخه فارسی معادل سازی شده مقیاس رمزی توسط مترجمان.

کیفیت کلی ترجمه	توافق کیفیت کلی	میانگین کیفیت کلی	یکسانی مفهومی ترجمه	توافق یکسلی مفهومی	میانگین یکسلی مفهومی	زبان مشترک ترجمه	توافق زبان مشترک	میانگین زبان مشترک	وضوح ترجمه	توافق وضوح	میانگین وضوح	دشواری ترجمه	توافق دشواری	میانگین دشواری	شاخص
م	+	۱۰۰	م	+	۹۷	م	+	۹۶	م	+	۹۹	۱	+	۶	بیمار، مضطرب، آشفته یا بی قرار است
م	+	۹۴	م	+	۹۶	م	+	۹۶	م	+	۹۷	۱	+	۵	بیمار، هوشیار، اطاعت پذیر و ساکت است
م	+	۹۶	م	+	۹۶	م	+	۹۸	م	+	۹۸	۱	+	۶	بیمار فقط از دستورات اطاعت می کند.
م	+	۹۴	م	+	۹۶	م	+	۹۶	م	+	۹۵	۱	+	۷	بیمار، به ضربه آرام بین دو ابرو یا تحریکات شنوایی با صدای بلند، سریع پاسخ می دهد.
م	+	۹۶	م	+	۹۵	م	+	۹۶	م	+	۹۶	۱	+	۵	بیمار به تحریکات فشاری روی ناخن و دیگر محرکات درد آور واکنش نشان نمی دهد

م - مطلوب - آ - آسان

نکته در ترجمه

- مترجمین همواره یک ترجمه مفهومی را در ذهن داشته باشند. به عبارتی در ترجمه لغات و عبارات به جای ترجمه تحت اللفظی و واژه به واژه، معادل مفهومی آن را در نظر داشته باشند.
- سعی شود عبارات ترجمه شده شفاف، ساده و مختصر باشند. از جملات طولانی مشتمل بر چند بند پرهیز شود.
- مخاطبین متن باید افراد معمولی باشند، نه افراد حرفه‌ای شاغل در بخش سلامت.
- از واژه‌های فنی استفاده نشود

روانشنجی

1. روایی صوری (گروههای شناختی)
2. روایی محتوی (کیفی یا کمی)
3. روایی سازه؟ تحلیل عاملی؟
4. پایایی؟

15.4.b Content “Validation” of Cultural Relevance

Sometimes the prefinal version of the translated instrument is also subjected to a type of content validation that focuses specifically on content relevance. For example, Yu and colleagues (2004), in their translation of the MOS-SSS into Chinese, convened a panel of six experts to rate the cultural relevance of each item in measuring the construct of perceived social support in Chinese patients with a chronic illness. The ratings were used to compute a content validity index (CVI), as described in Chapter 11. A scale-level CVI of .82 was obtained, which lead the researchers to conclude that content equivalence was adequate.

Types of Instrument

- *Reflective* Scales : Psychological Instruments

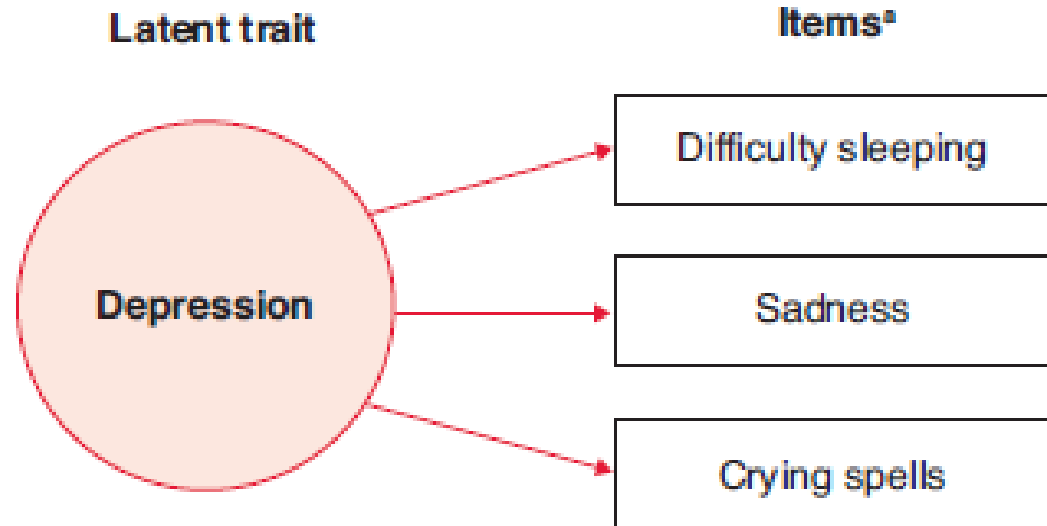
Stress ,QOL,

- *Formative* Indexes : Clinical Instruments

GCS,

APGAR,

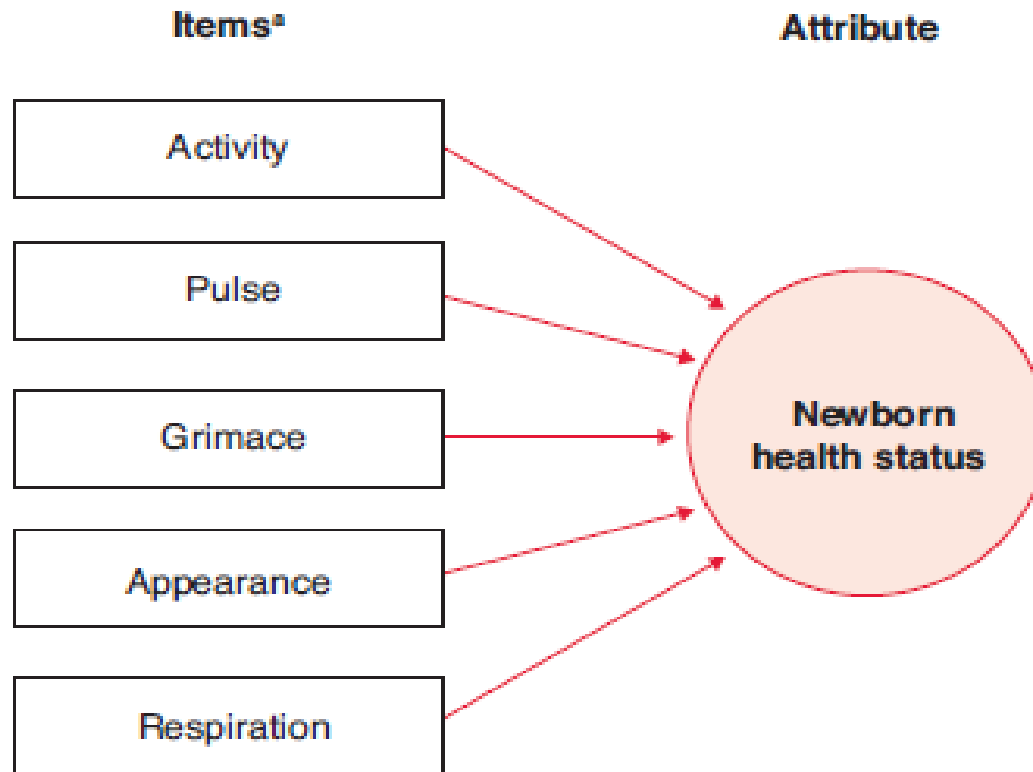
CONSTIPATION RISK ASSESSMENT SCALE



^aItems correspond to 3 of the 20 items on the Center for Epidemiological Studies-Depression scale or CES-D (Radloff, 1977): "My sleep was restless"; "I felt sad"; and "I had crying spells." People respond by indicating how often each statement applied to them in the previous 7 days, on a 4-point scale from "rarely" to "most of the time".

Figure 2.3

Graphic representation of a reflective scale to measure depressive symptoms.



^aItems correspond to the 5 items on the Apgar index (Apgar, 1953): Activity (Muscle Tone); Pulse; Grimace (Reflex/Irritability), Appearance; and Respiration. Each of the 5 “signs” is scored 0, 1, or 2, to yield a score on the index that can range from 0 to 10.

Figure 2.4

Graphic representation of a formative index to measure newborn health status.

THE APGAR SCORE

	Sign	0 POINTS	1 POINTS	2 POINTS
A	Appearance	blue or pale	blue extremities pink body	body & extremities pink, no cyanosis
P	Pulse	absent	<100 beats per minute	>100 beats per minute
G	Grimace	no response to stimulation, floppy	grimace on suction or aggressive stimulation	cry on stimulation
A	Activity	none	some flexion of arms and legs	active flexion against resistance
R	Respirations	absent	weak, irregular and slow	strong crying

CONSTIPATION RISK ASSESSMENT SCALE © Richmond, J.P & Wright, M.E (2008)

Circle risk factors in table and total

GENDER:

Male 1
Female 2

MOBILITY:

Independently mobile 0
Dependent on walking aids/assistance from others 1
Restricted to bed/chair 2
Spinal cord injury/spinal cord compression 3

FIBRE INTAKE:

5 pieces fruit/veg or more consumed daily 0
3 or 4 pieces fruit/veg consumed daily 1
2 pieces fruit/veg or less consumed daily 2

Bran products consumed daily Yes 0
No 2

FLUID INTAKE:

10 cups/glasses or more consumed daily 0
6 to 9 cups/glasses consumed daily 1
5 cups/glasses or less consumed daily 2

PERSONAL BELIEFS:

Does patient believe they are prone to constipation? Yes/No

Has laxatives ever been used for constipation? Yes/No _____

Current bowel habit: _____

SECTION SUB TOTAL

WARD PATIENTS ONLY:

Does patient have difficulty evacuating bowels in hospital toilets?
No 0
Yes 2

PATIENTS REQUIRING COMMODOE/BEDPAN:

Does patient anticipate problems using a commode or bedpan?
No/Not applicable 0
Yes 2

SECTION SUB TOTAL

Conditions which increase risk of constipation.

From medical notes, patient history and blood results, assess presence of the following:

PHYSIOLOGICAL CONDITIONS

Metabolic disorders:

Hypokalaemia/uraemia/lead poisoning 2

Pelvic conditions:

Hysterectomy/ovarian tumour/uterine prolapse/pregnancy 3

Neuromuscular disorders:

Parkinson's Disease/Multiple Sclerosis/Systemic Sclerosis/Hirschsprung's Disease/
Cerebrovascular Accident/Spina Bifida/Rheumatoid Arthritis/cerebral tumour 3

Endocrine disorders:

Diabetes Mellitus/hypothyroidism/ hypopituitarism/hypercalcaemia 3

Colorectal/abdominal disorders:

Irritable Bowel Syndrome/Crohn's disease/Diverticulitis/Ulcerative Colitis/colorectal
tumour/anorectal stricture/anorectal fissure/anorectal prolapse/haemorrhoids/hernias 3

PSYCHOLOGICAL CONDITIONS

Psychiatric illness:

Depression/Anorexia Nervosa/Bulimia Nervosa 2

Learning disabilities or dementia

(as evidenced by lack of understanding of speech or situations) 2

SECTION SUB TOTAL

Medications which increase risk of constipation.

Is patient presently taking any of the following medications on a regular basis?

Antiemetics 2

Calcium channel blockers 2

Iron supplements 2

Analgesics:

Non-opioid analgesia 3

OR continuous opioid therapy 5

Anticholinergic containing medication:

Anticonvulsants 2

Antidepressants 2

Antiparkinson drugs 2

Antispasmodics 2

Cytotoxic chemotherapy:

Cytotoxic chemotherapy 3

OR Vinca alkaloid agents 5

SECTION SUB TOTAL




Low risk for constipation: score ≤10

Medium risk for constipation: score 11-15

High risk for constipation: score ≥16

TOTAL SCORE

GLASGOW COMA SCALE

E EYES 	Open before stimulus	Spontaneous	4
	After verbal stimulus	To Sound	3
	After peripheral pressure stimulus	To Pressure	2
	No opening at any time	None	1
	Closed due to local or pre-existing factors	Not Testable	NT
V VERBAL 	Correctly gives name, place, and date	Oriented	5
	Not oriented but communicated coherently	Confused	4
	Intelligible words but out of context	Inappropriate Words	3
	No comprehensible words, only moans and groans	Incomprehensible Sounds	2
	No verbal response	None	1
	No response due to existing communication issues	Not Testable	NT
M MOTOR 	Obeys two-part request	Obeys Commands	6
	Moves hand above clavicle towards trapezius stimulus	Localizing	5
	Bends arm at elbow rapidly, moves away from nailbed stimulus	Normal Flexion (Withdrawing)	4
	Bends arm at elbow slowly across the body	Abnormal Flexion (Decorticate)	3
	Extends arms at elbow	Extension (Decerebrate)	2
	No movement in arms	None	1
	No response due to paralysis or other existing factors	Not Testable	NT

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