

Translation and Cultural Adaptation of the Cerebral Palsy Quality of Life-Child Primary Caregiver (CP QOL-CPC) to Filipino

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ABSTRACT

Background. Cerebral palsy (CP) is a prevalent cause of childhood disability. Its impact is significantly higher in low-to moderate-income countries like the Philippines, with a disease burden 5 to 10 times greater. The Cerebral Palsy Quality of Life for Children - Primary Caregiver Questionnaire (CP QOL-CPC) is a self-report measure that assesses the quality of life (QOL) of children with CP. It has excellent psychometric properties and remarkable representation of the International Classification of Functioning, Disability and Health. The validity and reliability of the English tool may be affected when used in a different-speaking population.

Objective. The objectives of this research were to: 1) translate the CP QOL-CPC to Filipino, and 2) determine conceptual equivalence, understandability, and acceptability of the translated version.

Methods. Translation was conducted in five steps: 1) forward translation (conversion of the original instrument to Filipino, the target language, by two [2] translators); 2) reconciliation of forward translations; 3) conduct of an initial validation by backward translation (translating back to the original language); 4) determination of cross-cultural equivalence by a panel of experts; and 5) pre-testing the translated tool with subsequent cognitive interviews of participants. Ten (10) target participants, selected using a maximum variation approach, participated in the pre-testing. The interviews gave further insight into the understandability of the items based on the responses given. In the panel discussion, the percentage of agreement on conceptual equivalence was determined, and thematic analysis was conducted. For pre-testing, cognitive interviews were evaluated according to the understandability of items and appropriateness of responses.

Results. The panel review determined 62 items with full agreement (100%), 13 items with moderate agreement (80%), and 36 items with low agreement ($\leq 60\%$) on conceptual equivalence between the BT and the original. The considerations for revisions were 1) grammar, 2) colloquialism, and 3) culture. Difficulties in understanding the translation during pre-testing were attributed to unfamiliarity with terms, concepts, and formatting. Participants' feedback was incorporated into the final Filipino version.

Conclusion. The Filipino translation of the CP QOL-CPC appears to be understandable and culturally appropriate based on the expert panel and pre-testing participants. This version can be used to establish the tool's psychometric properties.

Keywords: cerebral palsy, Quality of Life, caregiver report, translation



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INTRODUCTION

Cerebral palsy (CP) is a group of disorders that are acquired in infancy and early childhood.¹ Cerebral palsy primarily affects an individual's motor function, including balance and posture. There are varied presentations of this condition according to motor characteristics (i.e., spasticity, athetosis, ataxia) or body part involvement (i.e., hemiplegia, monoplegia, triplegia). Aside from motor issues, individuals with CP (ICP) may also experience sensory issues, cognitive impairments, and behavioral problems. These issues change as the ICP grows and develops, making CP a lifelong condition. Impairments brought about by CP affect the individual's performance in activities of daily living, activities in the home, school, and other areas of the community, as well as involvement in societal roles.

Neonatal disorders continue to be a leading cause of disease for all ages and account for 32.4% of disability-adjusted life years (DALY) in children from 0 - 9 years old.² Neonatal disorders such as prematurity are a known etiology for cerebral palsy.³ It is estimated that 50 million people with cerebral palsy will require long-term rehabilitative care. This accounts for 11 million years of life with disability (YLD).⁴ These epidemiological findings indicate the need to make sure that children with CP are provided adequate rehabilitative care for them to have a better quality of life (QOL).

The World Health Organization (WHO) advocates the use of a biopsychosocial framework through the International Classification of Functioning.⁵ In using this framework, rehabilitation specialists, such as occupational therapists, physical therapists, and speech-language pathologists, are able to assess and address the health and care of ICPs with a holistic perspective.^{6,7} Rehabilitation specialists aspire that this could translate into a better quality of life for this group of people.

The WHO defines QOL as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns".⁸ This definition allows an individual to determine their perception of their quality of life despite having a medical or disabling condition. A measure of one's quality of life does not include objective determination of the extent of signs and symptoms of a medical condition. Instead, it looks at different aspects of life within one's culture and value system that may have been affected by a medical or disabling condition. An outcome measure is necessary to check if programs are effective in maintaining good QOL.

There are several measures of QOL available for adults (e.g., WHOQOL, SF-36, etc.) and children (e.g., Child Health Index of Life with Disabilities, Kidscreen, Pediatric Quality of Life Inventory, etc.). These measures are mostly in English and are difficult to use in a country using a different language, such as the Philippines. One such measure is the Cerebral Palsy Quality of Life (CP QOL) developed by

Waters et al.⁹ The CP QOL is made specifically for ICP. The CP QOL-Child is for ages 4 to 12 years old. This has two versions: a parent-proxy version, or CPQOL Child Primary Caregiver (CP QOL-CPC) for children aged 4-12 years old, and the child self-report version for children 9-12 years old. The tool measures seven domains of a child's life, namely: 1) Social well-being, 2) Participation and physical health, 3) Feelings about functioning, 4) Emotional well-being and self-esteem, 5) Pain and impact of disability, 6) Access to services, and 7) Family health. The self-report version focuses on the first five domains, with 53 items, while the parent-proxy version includes all seven domains and contains 66 items.

The CP QOL is found to be a valid measure of the quality of life with acceptable findings for internal consistency and test-retest reliability.¹⁰ It is said to be useful for evaluating interventions designed to improve the lives of children and adolescents. The measure has also been translated into other languages such as Arabic, Chinese-Cantonese, Hindi, and Mexican, to ensure its applicability across different cultural contexts.¹¹

However, most of the CP QOL's validation and reliability assessments have been conducted within English-speaking populations. This raises concerns about the potential for cultural and linguistic differences to affect the validity of the instrument when used in non-English-speaking regions.¹²

Recent data suggest that the prevalence of pre- and perinatal CP is as high as 3.4 per 1,000 live births in low- and middle-income countries, including the Philippines, a lower-middle-income nation. With a population of over 109 million, this prevalence translates to an estimated 370,600 ICPs in the country.^{13,14}

The archipelagic nature of the Philippines has led to the use of several languages and dialects in the country. We focus on Filipino, primarily derived from Tagalog. This language is used in the largest island of the country, Luzon. Filipino differs fundamentally from English in its verb-initial structure, complex verbal morphology, and flexible word order.^{15,16} Despite these differences, English has contributed substantial lexical borrowing to Filipino, and code-switching between the two languages is prevalent in everyday communication.¹⁶ While English serves as a co-official language, only 47% of Filipinos demonstrate competence in English despite 80% reporting basic comprehension.¹⁷ The linguistic differences, compounded by distinct politeness conventions and cultural contexts, create significant barriers to directly applying English-language assessment tools.^{18,19} Several instruments to measure QOL have been translated and validated into Filipino, such as the WHO-QOL BREF, Pediatric Quality of Life Inventory (PedsQL 4.0), and Kiddy-KINDL, but none were specific to children with CP and their caregivers.²⁰⁻²² Adapting the CP QOL instrument to Filipino is therefore essential to capture the lived experiences of Filipino children with CP accurately and ensure culturally valid quality-of-life assessments.

In order to use an instrument, such as the CP QOL, within the Philippine setting, it is important to go through the process of cross-cultural adaptation. This process refers not only to translating from the source language (i.e., English) to the target language (i.e., Filipino) but also considers cultural adaptation issues when used in another setting.²³ This rigorous process considers the semantic, idiomatic, experiential, and conceptual equivalence of the adapted instrument.

The developers of the CP-QOL prescribed a methodology that ensures rigorous cross-cultural adaptation.²⁴ Their methodology encompasses six sequential stages: 1) forward translation, 2) item reconciliation, 3) backward translation, 4) review of forward and backward translations, 5) cognitive interviewing during pre-testing, and 6) validation study.

In forward translation, it is recommended that two translators who are native speakers of the target language and knowledgeable of the source language translate from English to Filipino; the end product of this process is two forward versions of the instrument. Next, a reconciliation of the two forward versions is conducted to check for conceptual equivalence, comprehensibility, and clarity of speech. This step ends with a Reconciled Forward Translation or RFT of the instrument. To assess the conceptual equivalence of the RFT to the source instrument, a backward translation is conducted. This step ends with a back-translated version of the RFT. A panel is convened to review the entire forward-backward process and to provide a Final Forward Translation (FFT) of the instrument. This discussion focuses on the conceptual differences between the back translation and the RFT. Using the FFT, a pre-test is conducted to determine if all items can be understood and are acceptable. The participants are interviewed to ask how they understood each item based on the answers they gave. The instrument is further refined based on this. Finally, a validation study is conducted to determine the psychometric properties of the FFT.

The objectives of this research were to: 1) translate the CP QOL-CPC into Filipino, and 2) determine conceptual equivalence, understandability, and acceptability of the translated version.

A Filipino CP QOL-CPC provides a culturally relevant tool for assessing QOL in children with CP, with wide-ranging implications. In clinical practice, practitioners can address both functional and psychosocial aspects of care, ensuring holistic care. For health professions education, it offers a resource for training students on the importance of culturally sensitive, validated outcome measures in clinical practice. On a policy level, the validated translation can support the integration of QOL assessments into national disability programs, influencing resource allocation and rehabilitation strategies. Overall, this study contributes to improved care for children with CP in the Philippines by promoting evidence-based, culturally appropriate assessment and intervention practices.

METHODS

Study Design

This is a descriptive study that followed the recommendations of the authors of the CP-QOL, Davis et al.¹⁵ The authors provided a translation guideline that includes the following steps: 1) Forward translation; 2) Reconciliation of items; 3) Backward translation; 4) Review of forward and backward translation; 5) Pre-test (cognitive interviews); and 6) Validation study. The guidelines also present recommendations on qualifications for the translators, expert panel, pre-test participants, and participants for the validation study.

This study only covered the first five steps of the said recommendation. This study followed two phases (Figure 1). Phase 1 consisted of steps 1 - 4, termed the translation phase. In this phase, the original document was translated into the target language (i.e., Filipino). Phase 2 involved the pre-test cognitive interviews. In this phase, the final forward translation (FFT) of the translated instrument was tested on the target population to determine if the instrument can be understood by and is acceptable to them.

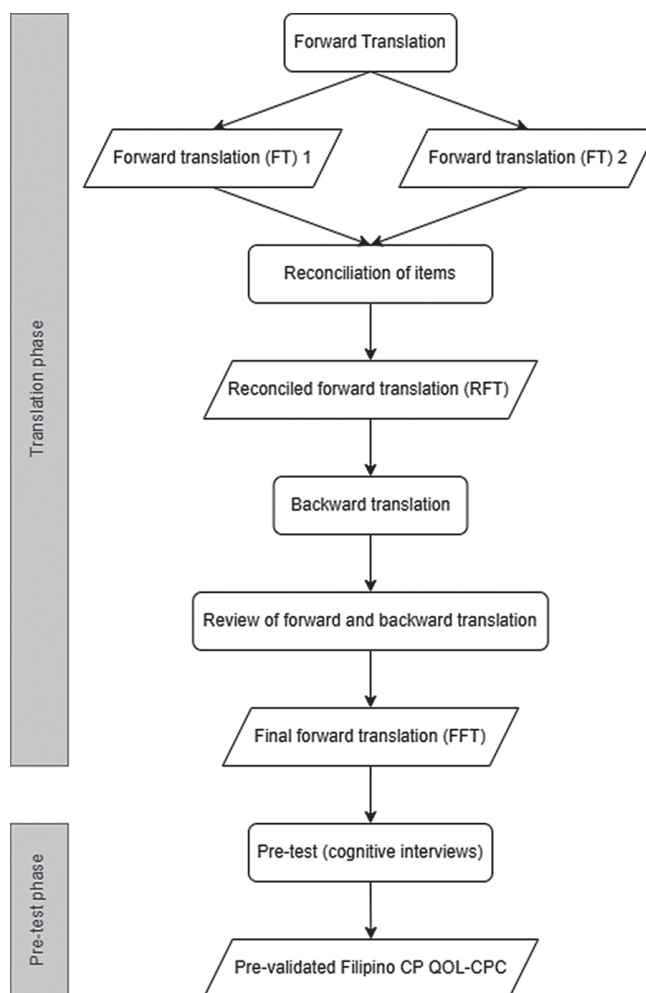


Figure 1. Translation and pre-testing process.

Phase 1. Translation of Instrument to Filipino

Participants

Two (2) forward translators, one (1) backward translator, and an external expert were purposively selected for this phase. The eligibility criteria for the participants are the following:

- Native speakers of Filipino (forward translators)
- Native speaker of English (backward translator)
- Know both English and Filipino language
- Familiar with both English and Filipino culture
- Have experience in test development and/or in the content of the research fields on quality of life in children and adolescents.

The qualifications of the participants in the translation phase are summarized in Table 1.

Translation process

The translation process focused on conceptual equivalence and not linguistic equivalence. Conceptual equivalence, also referred to as cultural equivalence, is defined as having an analogous meaning and relevance of the constructs in the two cultures of interest.²⁵ The steps for the translation process are as follows:

Forward translation. Two (2) translators translated the English CP QOL-CPC into Filipino independently of each other. Translator 1 is an occupational therapist who has strong and long practice experience with children with CP through community-based rehabilitation. Translator 2 is a speech pathologist and medical doctor who has experience in tool development and research, as well as experience providing

health care to children with CP. The translators were given two weeks to complete this process. This resulted in two forward translations, FT1 and FT2.

Reconciliation of items. The research team reconciled the two independent forward translations to come up with a single forward-translated version. The qualifications of the members are summarized in Table 2. In a reconciliation meeting, the research team compared FT1 and FT2. For each item, conceptual equivalence, comprehensibility, and clarity were considered by the team to select and finalize each item for the reconciled forward translation (RFT).

Backward translation (BT). This was conducted to assess the conceptual equivalence of the RFT with the original CP QOL-CPC. A backward translator translated the RFT back into English. The recruited backward translator has not previously used the CP QOL-CPC for any purpose. The backward translator is an occupational therapist and is a native English speaker. The translator was given two weeks to complete this process.

Review of forward and backward translation. A panel that consisted of the main proponents of the research group, one of the forward translators, and a linguist reviewed each item of the instrument. First, each item of the BT was independently reviewed by the panelists, who were asked to assess whether the item was conceptually equivalent to the original item in the CP QOL-CPC questionnaire. The panelists provided their ratings of agreement or disagreement on this conceptual equivalence. Afterward, the percentage of agreement among the five raters was calculated.

After individual reviews, a panel discussion was conducted to harmonize the RFT and the BT with the original

Table 1. Qualifications of the Participants/Panelists

Participant Role	Language and cultural background	Educational background	Relevant experience
Forward Translator 1	A native Filipino speaker	Registered Occupational Therapist in the Philippines (OTRP)	6 years of community-based rehabilitation including children and families with CP
	Knowledgeable in English and Filipino language and culture	Master of Education (MEd)	
Forward Translator 2	A native Filipino speaker	Doctor of Medicine (MD)	Has strong and long practice experience with children with CP (18 years)
	Knowledgeable in English and Filipino Language and culture	Registered Speech-Language Pathologist (RSLP)	Has experience in tool development and research (16 years)
Backward Translator	A native English speaker	Master's in Health Professions Education (MHPed)	Has strong and long practice experience with children with CP (>30 years)
	Knowledgeable in English and Filipino language and culture	Registered Occupational Therapist (OTRP)	Has experience in test development or in the content of the research fields
External Expert / Linguist	A native Filipino speaker	Master of Science in Augmentative and Alternative Communication (AAC)	Is familiar with handling children and caregivers with special needs such as CP
	Knowledgeable in English and Filipino language and culture	Registered Speech-Language Pathologist (RSLP)	
		Credits obtained in Master of Arts in Linguistics	

CP – cerebral palsy

Table 2. Qualifications of the Research Team Members

Participant Role	Language and cultural background	Educational background	Relevant experience
Primary Investigator 1	A native Filipino speaker	Doctor of Philosophy in Educational Research and Evaluation (PhD)	Has experience in developing culturally appropriate instruments for pediatrics
	Knowledgeable in English and Filipino Language and culture	Registered Physical Therapist (PTRP)	Has strong and long practice experience with children with CP (30 years)
Primary Investigator 2	A native Filipino speaker	Registered Physical Therapist (PTRP)	Has experience in tool translation to Filipino (2 years)
	Knowledgeable in English and Filipino Language and culture		
Primary Investigator 3	A native Filipino speaker	Registered Occupational Therapist (OTRP)	Has experience in tool translation to Filipino (1 study)
	Knowledgeable in English and Filipino Language and culture		Has strong and long practice experience with children with CP (8 years)

CP – cerebral palsy

version of the questionnaire. This meant addressing any discrepancies or inconsistencies between the translations to ensure that the meaning and intent of each item were preserved across languages and cultures. The harmonization process also involved refining the phrasing and structure of the translation to improve readability and comprehensibility, ensuring that the language used was both precise and easy for participants to understand. When there were inconsistencies and variations in meaning across the translations, the panel reached a consensus in selecting the best translation that would be understood by the target population in the same way they were understood in the original context.

Considering the discussions made in the review of the backward translation, a final forward translated (FFT) instrument was produced (Appendix A). To ensure that there are no errors and that language is used consistently, a linguist proofread the FFT before pre-testing.²⁶ This involved checking for any typographical, grammatical, or spelling mistakes that could affect the clarity and professionalism of the instrument. In addition to error correction, the linguist also ensured that the same terms were used uniformly throughout the document to avoid confusion or misinterpretation.

Data Analysis

In the review of forward and backward translation, the percentage of agreement on conceptual equivalence was classified into three categories:

- Full Agreement (100% agreement), where all panelists agreed on the conceptual equivalence of the item.
- Moderate Agreement (at least 80% agreement), where a majority of panelists agreed, but there were minor differences of opinion.
- Low Agreement (at most 60% agreement), where less than two-thirds of the panelists agreed on the conceptual equivalence.

Following this quantification of agreement, the proceedings of the panel discussion were transcribed. A thematic

analysis was then performed on the transcriptions to identify key themes and patterns in the discussion. This analysis helped to further understand the reasons behind the panelists' agreement or disagreement and provided valuable insights into areas of potential ambiguity or conceptual mismatch. The thematic analysis allowed the team to identify recurring issues or concerns that emerged during the review process, aiding in the refinement of the translation and the final decision on the conceptual equivalence of the items.

Phase 2. Pre-Test (Cognitive Interviews)

Participants

For the pre-test, purposive sampling, specifically maximum variation, was employed. Maximum variation ensures that diverse variations of individuals based on specific characteristics are considered among participants.²⁷ This approach was used to include parents of a diverse range of children with CP across different age groups and functional abilities. Additionally, the sampling also aimed to encompass parents with varying educational levels. The eligibility criteria for the participants are the following:

- Must be a parent of a child diagnosed with CP between the ages of 4 - 12 years old,
- Primary language is Filipino,
- Must consent to participate in the study, and
- Their child must not have had any surgery or major medical condition in the past 6 months, as this may affect quality of life.

Ten (10) parents of children with CP ages 4 - 12 were interviewed. The sample size was initially based on the original authors' recommendation of 6-8 parents, with an additional two participants included to strengthen the data.²⁴ The participant group demonstrated educational diversity, with equal representation between college-level or higher and high-school-level or lower. Most participants were caregivers of children aged 10-12 years (n=5) and high-functioning

Table 3. Profile of Participants for Cognitive Interviews

Demographic	Category	N = 10
Caregiver's education level	High School level or lower	5
	College level or higher	5
Place of residence	Metro Manila	9
	MIMAROPA	1
Their child's age range (years)	4 – 6	2
	7 – 9	3
	10 – 12	5
Their child's GMFCS level	High functioning	7
	Low functioning	3

children (n=7). Nine of the ten participants resided in Metro Manila. The profiles of the participants are summarized in Table 3.

Pre-test process

A letter of request was sent to clinic owners/managers and organization/institution heads to advertise a call for volunteers to participate in the study. The organizations targeted for recruitment included those focused on persons with disabilities (PWDs), as well as parent support groups. These organizations were chosen because they directly work with individuals and families affected by CP, making them a key resource for identifying potential volunteers who met the study's criteria. Potential participants were screened by the researchers based on the eligibility criteria through a phone call. When a potential participant met the eligibility criteria, the researchers or the trained research assistant conducted the informed consent process for each participant. Potential participants were asked to read the informed consent form. Then, researchers went through the informed consent form with the potential participant to ensure understanding. Only after this process were participants asked to decide whether to participate or not.

Upon giving consent, the FFT instrument was administered to the participant. The participant could choose whether to answer the instrument on their own or have it administered to them. This was per the original instrument, which could be self-administered or administered by a professional. Participants were also allowed to choose to use an online or pen-and-paper method for answering the questionnaire. A hard copy of the FFT was sent to participants who chose a pen-and-paper method for answering. The original CP QOL-Child could be completed in 15 – 25 minutes.²⁸ A conservative estimate of 30 minutes was given to answer the Filipino-translated version.

Upon submission/completion of the answered instrument, the participant was interviewed as suggested by the CPQOL translation guidelines. The interview was done online by the research assistant or student researchers. Audio-visual recording was performed for each interview. For every item, they were asked what they thought the question was asking and what came to their mind when they heard

a particular phrase or term. They were also asked to repeat the question in their own words and to explain how they chose their answer. General feedback about the experience in answering the questionnaire, as well as the format, was also asked. The questions used can be found in Appendix B. The interviews took approximately one hour.

Data Analysis

The recordings of the cognitive interviews were transcribed verbatim by the trained research assistant. Two independent researchers performed the thematic analysis of each transcript using a structured coding framework. The coding process involved:

- Identifying words or phrases not understood as intended,
- Flagging words or phrases that are not acceptable or offensive, and
- Documenting participant suggestions for rephrasing items or editing the questionnaire

Both researchers coded each transcript independently and met to compare coding and resolve discrepancies through discussion until reaching 100% consensus. The research team then reviewed all coded transcripts together to determine item revisions. For example, words that were frequently misunderstood were revised based on the suggestions of the participants.

Ethical Considerations

This study was approved for implementation by the University of the Philippines Manila Research Ethics Board (UPMREB 2021-0683-EX). Permission to translate was sought from the original authors of the tool. This study is subject to the Data Privacy Act of 2012. All participants were subject to a proper informed consent process and may withdraw anytime. There were no significant risks involved for all participants other than the use of time. Pre-test participants received gift certificates worth 300 pesos as a token of participation.

RESULTS

Phase 1. Translation of Instrument to Filipino

A total of 111 items were translated and discussed in each stage. The breakdown of items is as follows: titles and headers (n=11), instructions (n=12), scale (n=22), and questions (n=66).

The panel review determined 62 items with full agreement (100%), 13 items with moderate agreement (80%), and 36 items with low agreement ($\leq 60\%$) on conceptual equivalence between the backward translation and the original. During the panel discussion, three major themes emerged that summarized their assessment of the conceptual equivalence and informed their decision to either accept or revise items in the FFT. The themes were 1) grammar, 2) cultural practice, and 3) colloquial language.

For instance, items requiring revision due to grammar included those where the translation resulted in awkward sentence structure or verb tense usage that did not align with natural Filipino speech patterns. Cultural practice discrepancies were identified when items referenced activities, family dynamics, or social interactions that were uncommon or interpreted differently in Filipino. Colloquial language issues arose when English terms had no direct Filipino equivalent and required adaptation to convey the same meaning, or when the selected translation was not commonly used. The points of discussion for these items are summarized in Table 4. The table shows the categories under each theme and examples for these.

Based on these themes, the panel made targeted revisions to items with low to moderate agreement while accepting items with full agreement. These revisions primarily involved restructuring grammatically awkward phrases (e.g., *paraan ng pagkamit* to simply *pagkamit* for access), and adapting content references to reflect Filipino contexts and practices (e.g., “how much pain” to *gaano katindi ang pananakit ng katawan*, which translates better as “how intense is the pain”). The summary of the translation process is presented in Table 5.

Phase 2. Pre-Test Cognitive Interviews

The responses from the ten participants were carefully analyzed in terms of words or phrases not understood, words or phrases that are not acceptable, and suggestions to improve items and the questionnaire. For comprehension issues at the level of words or phrases, two significant challenges in understanding the translation were identified. The first challenge, lack of experience with the concept, refers to the participants' limited prior knowledge or familiarity with the subject matter or concept being discussed in the translation, such as “respite care.” This lack of experience made it difficult for the participants to fully grasp the intended meaning of certain items in the translation. The second challenge, unfamiliarity with the terms used, points to the specific vocabulary or terminology in the translation that the participants were not familiar with, which hindered their ability to comprehend the content (e.g., *maiulat* for report).

To address these difficulties, the feedback from the participants was used to inform revisions to the translation. Table 6 presents a summary of these revisions, categorized by section, showing how the translation was adjusted based on the feedback provided by the participants. This table reflects the changes made to improve the clarity and comprehension of the translation, such as selecting more familiar words and adding more examples or definitions for unfamiliar concepts.

Based on the participants' feedback on the questionnaire, they encountered challenges related to the structural aspects of the tool. A noteworthy issue emerged in the handling of follow-up questions, where respondents consistently provided answers to both queries, contrary to explicit instructions to skip the item when the main question was answered negatively. For example, even though they have not experienced respite

Table 4. Themes and Categories Derived from the Review of Forward and Backward Translation

Theme	Categories	Examples
Grammar	Morphological structure	Consistent use of prepositions <i>ng</i> and <i>nang</i> <i>'Gumagamit ng banyo nang mag-isa'</i>
	Sentence structure	Use of active voice <i>'Paraan ng pakikipag-usap sa hindi niya kilala...'</i> to <i>'Paraan niya ng pakikipag-usap sa hindi niya kakilala...'</i>
Cultural practices; generally acceptable language	Respectful language	Use of respectful language, positive and polite <i>Inyo</i> vs. <i>iyo</i> <i>Ninyo</i> vs. <i>niyo</i> <i>Gusto</i> vs. <i>Nais</i>
	Gender neutral pronouns	Replace some words that are gender neutral <i>Brothers and sisters</i> to <i>mga/kapatid</i>
	Context	Replace words with concepts that are more culturally familiar <i>'Cubs and brownies'</i> to <i>'boy scout at girl scout'</i> <i>'Physiotherapy'</i> to <i>'physical therapy'</i>
Colloquialism	Words without direct Filipino translations	<i>Access to pagkamit</i> <i>Handling to kargahin/galawin/hawakan</i> <i>Special equipment to ibang kagamitan, espesyal na gamit</i>
	Words with multiple meanings in Filipino	Choose the most appropriate Filipino word to ensure concept equivalence <i>How much</i> to <i>gaano katindi</i> , <i>gaano karami</i> or <i>magkano</i> <i>Pananakit</i> – may mean harming or feeling physical pain
	Common words	Option to use familiar words of the same meaning <i>Kinabukasan</i> and <i>hinaharap</i> <i>Komunidad</i> and <i>pamayanan</i>

care, they still rated the items about it. As shown in Figure 2, the alternate option comes after the main question, and the instructions to skip the succeeding questions follow. This not only reveals a potential misunderstanding but also underscores the necessity for clearer communication within the questionnaire. One participant suggested changing the text color and size of the instructions to enhance emphasis, because the current format was not enough to be noticed. Furthermore, considering the digital format of the Filipino questionnaire implemented through Google Forms (an

Table 5. Summary of Revisions after the Translation Process

Section	No. of items to translate	Items with an agree-ment rate above 60%	Summary of revisions for the FFT
<i>Titles</i>	2	2	Adapted the RFT.
<i>Instructions</i>	12	10	Adapted the RFT.
<i>Family and friends</i>	17	9	Verbs were replaced to reflect meaning more accurately (e.g., <i>pakikisalamuha</i> instead of <i>pakikihalubilo</i>)
<i>Participation</i>	6	5	Adapted the RFT.
<i>Communication</i>	4	4	Adapted the RFT.
<i>Health</i>	17	16	Adapted the RFT.
<i>Special equipment</i>	4	0	Special equipment has no direct translation. <i>Espesyal na kagamitan</i> was used. Examples in English were retained.
<i>Pain and bother</i>	5	0	Bother was interpreted as <i>pagkaabala o pagkabahala</i> . Examples were included to contextualize handling.
<i>Some final questions</i>	6	2	Amount was translated to intensity (<i>katindi</i>). There is no direct translation for discomfort.
<i>Access to services</i>	10	9	Access and respite care have no direct translation. Examples were included to contextualize Filipino culture (e.g., physical therapy, boy scout at girl scout).
<i>Your health</i>	6	5	Adapted the RFT.
<i>Scale</i>	22	13	Followed the translations for bother, amount, and discomfort.
<i>Total</i>	111	75	

RFT – Reconciled forward translation

Table 6. Summary of Revisions after Pre-test

Section	Summary of revisions
<i>Family and friends</i>	Included more examples to provide context (e.g., <i>Kapit-bahay o mga pinsan</i> for other children outside of preschool or school) Niyo and iyo were selected as final pronouns for you and your for better understandability
<i>Participation</i>	Included more examples to provide context (e.g., <i>paglaro, pagdrawing, pagluto, pagbasa</i> for recreational activities)
<i>Communication</i>	No revisions
<i>Health</i>	Selected words and phrases that are more colloquial (e.g., <i>pagkilos sa kapaligiran</i> for the way they get around); included examples
<i>Special Equipment</i>	No revisions
<i>Pain and bother</i>	Used and/or (<i>at/o</i>) to expand the meaning of the word
<i>Some final questions</i>	No revisions
<i>Access to services</i>	Selected words and phrases that are more colloquial (e.g., <i>pagkuha</i> for access). Respite care was described, and examples were provided. Included more examples to provide context to extra help (e.g., <i>pagtutor, pagbigay ng karagdagang oras upang gawin ang mga aralin/aktibidad, karagdagang pagpaliwanag ng guro pagkatapos ng klase, karagdagang SPED curriculum ng paaralan, terapi sa paaralan atbp.</i>)
<i>Your health</i>	Selected words and phrases that are more colloquial (e.g., <i>kasiguro</i> for confident, <i>sabihin</i> for report)

excerpt of which can be seen in Appendix C), strategic enhancements could optimize the user experience. The digital version maintains a question order similar to the physical copy; however, the next page function can be maximized to automatically guide respondents past questions that should be skipped based on negative responses to certain items.

When asked to explain how they answered the questions, most participants responded that they based their answers on their own perspective. Hence, another notable challenge is the difficulty in answering from the child's perspective. Although participants understood the instructions ("*Ano sa tingin ninyo ang nararamdaman ng inyong anak tungkol sa...*"), it was difficult for them to follow them throughout the pertinent sections. One possible reason for this is the inability of their child to verbally communicate; hence, participants tend to rely on their interpretation. The inherent challenge lies not merely in understanding the instructions but in navigating the intricate task of interpreting the child's non-verbal cues into meaningful responses, thereby introducing a layer of complexity that extends beyond mere linguistic considerations.

DISCUSSION

The translation process of questionnaires is a critical component in ensuring the cross-cultural applicability and reliability of research instruments.²⁶ This study aimed to produce a translated Filipino version of the CP QOL-CPC following the guidelines of Davis et. al.²⁴ The panel review, a fundamental step in the validation process, yielded diverse

<p>pagkamit ng serbisyo upang makapagpahinga ka mula sa pag-aalaga ng inyong anak</p>									
<div> ☐ <i>O hindi ko pa nasubukan na makapagkamit ng serbisyo na pag-aalaga ng iba para ako ay makapagpahinga</i> <i>(Mangyaring laktawan ang susunod na dalawang katanungan tungkol sa serbisyo upang makapagpahinga ka mula sa pag-aalaga ng inyong anak)</i> </div>									
<p>dami ng serbisyo na pag-aalaga ng iba para ako ay makapahinga?</p>									
<div> ☐ <i>O hindi ko pa nasubukan na makapagkamit ng serbisyo na pag-aalaga ng iba para ako ay makapahinga</i> <i>(Mangyaring laktawan ang susunod na dalawang katanungan tungkol sa serbisyo upang makapagpahinga ka mula sa pag-aalaga ng inyong anak)</i> </div>									
<p>kung gaano kadali na makakuha ng serbisyo na pag-aalaga ng iba para ako ay makapahinga?</p>									

Figure 2. Question on respite care with option to skip.

levels of agreement on the conceptual equivalence between the backward-translated version (BT) and the original questionnaire.²³ Three overarching themes emerged from the analysis of the discussion and decisions to revise the items: 1) grammar, 2) colloquial language, and 3) cultural practices. These themes encapsulate nuanced aspects of language translation, including morphological structure, sentence construction, respectful language, gender-neutral expressions, and cultural context.

The importance of maintaining grammatical consistency is well-documented in translation studies. The need for adherence to prepositions, active voice, and morphological structures in Filipino was underscored in the analysis, ensuring that the translated items accurately reflected the intended meanings of the original questionnaire.^{23,29} For instance, the phrase “their ability to use the toilet by themselves”, translated as *Gumamit ng banyo nang mag-isa*, exemplifies the appropriate use of the preposition *nang* (when) in the translated version, preserving the intended meaning.

Additionally, the significance of cultural practices in language translation has been acknowledged in the literature.¹⁸ The use of respectful language and culturally appropriate expressions contributes to the overall acceptability and relevance of the translated instrument. An example of this is the replacement of *inyo* vs. *iyo* and *ninyo* vs. *niyo* to address variations in polite language.¹⁹

Colloquialism, another prominent theme from the results, introduces challenges in translating words without direct equivalents in the target language. The same challenges were experienced in the translation of the Diabetic Foot Knowledge Subscale (DFKS) and Foot Self-Care Behavior Scale (FSCBS) into Filipino.³⁰ This aligns with the broader discourse on the difficulties of lexical equivalence, particularly when dealing with idiomatic expressions or culturally specific terms.^{29,31,32} The selection of appropriate terms, guided by the principle of conceptual equivalence, becomes crucial in overcoming these challenges.

Addressing these challenges goes beyond a mere lexical substitution. It requires a nuanced understanding of the

cultural complexities embedded in language use.²⁹ The complexities involved in rendering concepts such as ‘respite care’, ‘access’, ‘special equipment’, and ‘extra help in learning’ into Filipino exemplify the intricate decisions translators must make to ensure semantic and conceptual equivalence.

The subsequent phase, involving pre-test cognitive interviews, revealed additional layers of difficulty for participants. The lack of experience with certain concepts and unfamiliarity with specific terms highlighted the importance of not only linguistic but also experiential equivalence.²³ To address these, description as a translation technique was used. It involves replacing the term with a description of its function.³³ In the case of respite care, more words were added to capture the English version (i.e., *serbisyo upang lumiban ka mula sa pag-aalaga ng inyong anak at/o makagawa ng ibang bagay*). Relevant examples were also provided to give more context to what the item means. Lastly, the English term is retained in the text (e.g., respite care, pediatrician) to provide more options for the respondent to understand the item. Moreover, these terms do not have direct translations, and the English term may be understandable to Filipinos due to prominent borrowing and code-switching in the English language.^{16,34,35} The same decision was made in the translation of the DFKS and FSCBS.³⁰

Despite the consideration for polite pronouns, participants had difficulty in understanding *ninyo* and *inyo* as these are second-person plural pronouns. They preferred the colloquial *niyo* and singular *iyo* to better understand that the question pertains to them as an individual rather than addressing a broader group such as the family. This highlights the importance of cognitive testing in offering valuable insights into the repercussions of the decisions made during the translation.³⁶

The challenge of responding from the child's perspective aligns with findings in the literature on proxy surveys measuring quality of life.³⁷ According to Pickard and Knight's theoretical framework of proxy response, there are two distinct perspectives: the proxy-patient perspective, where the proxy envisions themselves within the patient's

internal state, and the proxy-proxy perspective, relying on the proxy's judgment.³⁸ The CP QOL-CPC emphasizes the proxy-patient perspective, evident in questions like 'How do you think your child feels about...'. Ambiguity in instructions or the proxy's ability to comprehend and respond to written instructions contributes to the challenge of distinguishing these perspectives.³⁷ Although participants claimed to understand the instructions, their responses indicated otherwise. Consistency in adopting the proxy-patient perspective varied among respondents, prompting a revision to make the question more explicit and remind respondents to use the proxy-patient perspective consistently.

Beyond the linguistic considerations, the study delves into the structural aspects of the questionnaire, revealing challenges with follow-up questions. The participant's suggestion to change the text color and size for emphasis echoes the pragmatic considerations in ensuring effective communication. Considering the digital format of the Filipino questionnaire, recommendations for user experience enhancements, such as the next page function and larger fonts, draw attention to the importance of an efficient format.³⁹

The study has several limitations that should be considered when interpreting the findings. First, both forward translators were health professionals, potentially introducing professional bias in the translation process. The inclusion of a naive translator, an individual who has no medical or clinical background, could have provided alternative meanings to enhance the robustness of the translations.²³ This may have resulted in terminology that is overly technical or less accessible to the general population. Second, while the pretest sample size met the recommendations by Davis et al., a larger sample size (i.e., 30-40) would have allowed for a more comprehensive exploration of comprehension skills and experiences.^{23,24} The limited sample size may have prevented identification of less common comprehension difficulties. Third, the pretest participants were predominantly recruited from the Metro Manila area, which significantly limits the geographic and linguistic representativeness of the findings. This geographic concentration means that the translated instrument may not fully capture the comprehension patterns, cultural interpretations, and linguistic preferences of Filipinos from other regions. Therefore, it is suggested that caution should be exercised when generalizing these findings beyond urban, Tagalog/Filipino-speaking populations in Metro Manila.

Moving forward, although the study focused on the translation process, further research is needed to evaluate the psychometric properties of the translated CP QOL-CPC version to ensure its reliability and validity in the Filipino context. This would involve assessing the following measurement properties listed in order of importance: content validity, internal consistency, reliability, construct validity, criterion-related validity, and responsiveness among Filipino children with CP and their caregivers.⁴⁰

Secondly, considering the limitations related to the sample composition and geographical representation, future studies should aim to recruit participants from diverse regions across the Philippines to ensure the cultural and linguistic representativeness of the sample. This may provide a more comprehensive understanding of the acceptability, understandability, and relevance of the translated instrument across different Filipino populations, including those from various linguistic communities.

Lastly, considering the evolving nature of language and cultural norms, regular updates and revisions of the translated instrument may be necessary to ensure its relevance and accuracy over time. Continuous collaboration with experts in translation, linguistics, and rehabilitation will be essential in maintaining the integrity and effectiveness of the translated CP QOL-CPC version in capturing the quality-of-life experiences of Filipino children with CP and their families.

CONCLUSION

The Filipino translation of the CP QOL-CPC underwent a rigorous process of translation and cross-cultural adaptation, involving a panel comprising primary researchers, a linguist, and a forward translator. In the review of the forward and backward translations, items with poor conceptual equivalence agreement were thoroughly discussed, leading to the identification of themes such as 1) grammar, 2) cultural practices, and 3) colloquialism. The culmination of this process was the development of the FFT of the Filipino CP QOL-CPC.

Subsequently, the FFT underwent pretesting with 10 participants from the target population, involving cognitive interviews to assess both understandability and acceptability. Challenges in responding were identified, particularly related to the difficulty of positioning oneself as answering on behalf of their child. Participants faced comprehension issues attributed to 1) a lack of experience with the concept and 2) unfamiliarity with certain terms. To address these challenges, translation techniques were iteratively applied, including descriptive paraphrasing for unfamiliar terms, contextualization of abstract concepts through concrete examples, and modification of item wording to improve clarity while maintaining conceptual equivalence.

This study addresses a critical gap in CP assessment in the Philippines, where culturally adapted QOL measures have been lacking. The Filipino translation showed preliminary evidence of understandability and cultural appropriateness, as affirmed by the expert panel and pretesting participants. This culturally adapted version represents an important first step toward enabling QOL assessment for Filipino children with CP. Future studies examining the tool's reliability, validity, and responsiveness in larger Filipino samples are essential to establish its usability in both clinical and research settings.

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Declaration of Artificial Intelligence (AI) Use

The authors declare the use of Claude (Anthropic) and ChatGPT (Open AI) to check for grammatical and cohesion issues in the introduction, results, and discussion sections. All AI-generated content was reviewed, edited, and verified by the authors.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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REFERENCES

- Centers for Disease Control and Prevention. What is cerebral palsy? [Internet]. 2023 [cited January 2024]. Available from: <https://www.cdc.gov/ncbddd/cp/facts.html>.
- Vos T, Lim SS, Abbafati C, Abbas KM, Abbasi M, Abbasifard M, et al. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2020;396(10258):1204–22. doi: 10.1016/S0140-6736(20)30925-9. PMID: 330693206; PMCID: PMC7567026
- Lawson RD, Badawi N. Etiology of cerebral palsy. *Hand Clinics*. 2003;19(4):547–56. doi: 10.1016/s0749-0712(03)00040-4. PMID: 14596546
- Cieza A, Causey K, Kamenov K, Hanson SW, Chatterji S, Vos T. Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: A systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2020;396(10267):2006–17. doi: 10.1016/S0140-6736(20)32340-0. PMID: 33275908; PMCID: PMC7811204
- World Health Organization. Resolutions and decisions of regional interest adopted by the fifty-fourth World Health Assembly and by the Executive Board at its 107th and 108th sessions. 2001.
- Burak M, Kavlak E. Investigation of the relationship between quality of life, activity participation, and environmental factors in adolescents with cerebral palsy. *NeuroRehabilitation*. 2019;45(4):555–65. doi: 10.3233/NRE-191288. PMID: 31561397
- Yang L, Li SS, Zhang GY, Wang MM, Chen GX, Zhu DN. Effect of rehabilitation treatment based on the ICF-CY Core Sets on activities of daily living in children with cerebral palsy: a prospective randomized controlled study. *Zhongguo Dang dai er ke za zhi= Chinese Journal of Contemporary Pediatrics*. 2021;23(6):608–12. doi: 10.7499/j.issn.1008-8830.2103060. PMID: 34130783; PMCID: PMC8213992
- World Health Organization. Programme on mental health: WHOQOL user manual. World Health Organization; 1998.
- Waters E, Davis E, Boyd R, Reddihough D, Mackinnon A, Graham HK. Cerebral palsy quality of life questionnaire for children (CP QOL-Child) manual. University of Melbourne; 2013.
- Waters E, Davis E, Mackinnon A, Boyd R, Graham HK, Lo SK, et al. Psychometric properties of the quality of life questionnaire for children with CP. *Dev Med Child Neurol*. 2007;49(1):49–55. doi: 10.1017/s0012162207000126.x. PMID: 17209977
- The Cerebral Palsy Quality of Life Questionnaire [Internet]. unknown; 2023 [cited 2024 Jan 31]. Available from: <https://www.ausacpdm.org.au/research/cpqol/>
- Mushquash CJ, Bova DL. Cross-cultural assessment and measurement issues. *Journal on Developmental Disabilities*. 2007;13(1):53–65.
- McIntyre S, Goldsmith S, Webb A, Ehlinger V, Hollung SJ, McConnell K, et al. Global prevalence of cerebral palsy: A systematic analysis. *Dev Med Child Neurol*. 2022;64(12):1494–506. doi: 10.1111/dmcn.15346. PMID: 35952356; PMCID: PMC9804547
- Office of the President. Declaring as official the population count of the Philippines by province, city/municipality, and barangay based on the 2020 Census of Population and Housing conducted by the Philippine Statistics Authority (Pres. Proc. No. 1179, S. 2021). Philippines. July 6, 2021.
- Pizarro-Guevara JS, Garcia R. Philippine psycholinguistics. *Annual Review of Linguistics*. 2024 Jan 16;10(1):145–67. doi: 10.1146/annurev-linguistics-031522-102844
- McFarland CD. Linguistic diversity and English in the Philippines. *Philippine English: Linguistic and literary perspectives*. 2008 Nov 1;1:131.
- De Vera-Ruiz E. 47% of Filipinos competent in English language — SWS. Manila Bulletin [Internet]. 2023 [cited 2026 Jan 31]; Available from: <https://mb.com.ph/2023/8/16/47-of-filipinos-competent-in-english-language-sws>
- Bernardo AB. Lost in translation? Challenges in using psychological tests in the Philippines. *Silliman Journal*. 2011;52(1)
- Santos RI. Examining politeness concepts and contentions: Implications on Filipino brand of politeness. *Int J Humanity Stud*. 2022;6(1):51–67. doi: 10.24071/ijhs.v6i1.4723
- Filipino_WHOQOL-Bref [Internet]. World Health Organization; [cited 2026 Jan 30]. Available from: <https://www.who.int/tools/whoqol/whoqol-bref/docs/default-source/publishing-policies/whoqol-bref/filipino-whoqol-bref>
- Malinit J, Tanega A, Banaag C, Luspo P, Lee P. Quality of life in children with psychiatric disorders: A validation study of the pediatric quality of life inventory version 4.0 (PedsQL) at Philippine Children's Medical Center. *Philippine Children's Medical Center Journal*. 2008 Jul;7(1):15–22.
- Chiong Maya AC, Mamuric BA, Pascua JP, Tigas NA, Baylan CA, Casalang MP, et al. Translation and Cross-Cultural Adaptation of English Version of Kiddy-KINDL to Filipino Language in Assessing the Children's Health-Related Quality of Life (CHRQoL). *Internet Journal of Allied Health Sciences and Practice*. 2023;21(3):18. doi: 10.46743/1540-580X/2023.2367
- Beaton DE, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine*. 2000 Dec 15;25(24):3186–91. doi: 10.1097/00007632-200012150-00014. PMID: 11124735

24. Davis E, Davern M, Waters E, Boyd R, Reddihough D, Mackinnon A, Graham HK. Cerebral palsy quality of life questionnaire for adolescents (CP QOL-teen) manual. University of Melbourne; 2013.
25. Lee CC, Li D, Arai S, Puntillo K. Ensuring cross-cultural equivalence in translation of research consents and clinical documents: A systematic process for translating English to Chinese. *J Transcult Nurs*. 2009;20(1):77-82. doi: 10.1177/1043659608325852. PMID: 18948451; PMCID: PMC2834476
26. Eremenco S, Pease S, Mann S, Berry P. Patient-reported outcome (PRO) consortium translation process: Consensus development of updated best practices. *J Patient-Rep Outcomes*. 2018;2:1-1. doi: 10.1186/s41687-018-0037-6. PMID: 29757299; PMCID: PMC5934912
27. Cresswell J. Qualitative inquiry & research design: Choosing among five approaches. 2013
28. Carlon S, Shields N, Yong K, Gilmore R, Sakzewski L, Boyd R. A systematic review of the psychometric properties of quality of life measures for school-aged children with cerebral palsy. *BMC Pediatr*. 2010;10:1-1. doi: 10.1186/1471-2431-10-81. PMID: 21059270; PMCID: PMC2995480
29. Baker M. In other words: A coursebook on translation. Routledge; 2018.
30. Manalo AP, Quizon AR, Regino J, Lopez LK, Quimson MM, De Lara JA, et al. Filipino translation and cross-cultural adaptation of the diabetic foot knowledge subscale (DFKS) and foot self-care behavior scale (FSCBS) and its content validation and reliability testing. *Acta Medica Philippina*. 2025 Feb 1;59(Early Access 2025). doi: 10.47895/amp.vi0.10183. PMID: 41333565; PMCID: PMC12666084
31. Newmark P. A textbook of translation. Prentice Hall; 1988.
32. Nida EA. Toward a science of translating: With special reference to principles and procedures involved in Bible translating. Brill Archive; 1964.
33. Molina L, Hurtado Albir A. Translation techniques revisited: A dynamic and functionalist approach. *Meta*. 2002 Dec;47(4):498-512. doi: 10.7202/008033ar
34. Bautista ML. Tagalog-English code-switching as a mode of discourse. *Asia Pacific Educ Rev*. 2004;5:226-33.
35. Labitigan RL. Tagalog-English code-switching: issues in the nominal domain. Unpublished Bachelor's Thesis, Yale University. 2013 May 1.
36. Beatty PC, Willis GB. Research synthesis: The practice of cognitive interviewing. *Public Opin Q*. 2007;71(2):287-311. doi: 10.1093/poq/nfm006
37. Rand SE, Caiels J. Using proxies to assess quality of life: a review of the issues and challenges. 2015
38. Pickard AS, Knight SJ. Proxy evaluation of health-related quality of life: A conceptual framework for understanding multiple proxy perspectives. *Med Care*. 2005;43(5):493. doi: 10.1097/01.mlr.0000160419.27642.a8. PMID: 15838415; PMCID: PMC1188232
39. Jenn NC. Designing a questionnaire. *Malaysian family physician: the official journal of the Academy of Family Physicians of Malaysia*. 2006;1(1):32. PMID: 26998209; PMCID: PMC4797036
40. Mokkink LB, Terwee CB, Patrick DL, Alonso J, Stratford PW, Knol DL, et al. The COSMIN study reached international consensus on taxonomy, terminology, and definitions of measurement properties for health-related patient-reported outcomes. *J Clin Epidemiol*. 2010;63(7):737-45. doi: 10.1016/j.jclinepi.2010.02.006. PMID: 20494804.

APPENDICES

Appendix A. Final Forward Translation

This version of the questionnaire has not undergone validation and cannot be used for clinical or research purposes. This is only to illustrate the result of the translation phase.

Two items per dimension are presented as samples.

Quality of Life Questionnaire for Children (CP QOL-Child): Talatanungan ng Kalidad ng Buhay para sa Batang may Cerebral Palsy (CP QOL-Child Filipino)

Talatanungan para sa Pangunahing Tagapag-alaga (4-12 taon)

Gusto namin kayong tanungin tungkol sa kung ano sa tingin ninyo ang NARARAMDAMAN ng inyong anak sa mga aspeto ng kanyang buhay, gaya ng pamilya, kaibigan, kalusugan, at paaralan. Nagsisimula ang bawat tanong sa "Ano sa tingin ninyo ang NARARAMDAMAN ng inyong anak tungkol sa...?" Mahalagang maiulat ang sa tingin ninyong nararamdaman ng inyong anak.

Minsan ay mahirap alamin ang nararamdaman ng inyong anak. Mangyaring subukan at sagutin ang mga katanungan sa abot ng inyong makakaya.

Sa bawat tanong, nais naming bilugan ninyo ang pinakamahusay na numerong nagpapakita kung ano ang sa tingin ninyo na pakiramdam ng inyong anak. Maaari mong bilugan ang anumang numero mula 1 (Sobrang hindi masaya) hanggang 9 (Sobrang masaya).

Sinusukat ng talatanungan na ito ang nararamdaman ng inyong anak, hindi kung ano ang kaya niyang gawin.

Halimbawa:

Q. Ano sa tingin ninyo ang nararamdaman ng inyong anak, tungkol sa...

kanyang kakayahan makipaglaro sa ibang bata

Sobrang hindi masaya	Di masaya	Hindi masaya "at hindi di-masaya"	Masaya	Sobrang Masaya				
1	2	3	4	5	6	7	8	9

A. Pamilya at mga Kaibigan

Ano sa tingin ninyo ang nararamdaman ng inyong anak tungkol sa....

1. Paraan ng pakikisalamuha sa mga tao sa pangkalahatan?

Sobrang hindi masaya		Di masaya		Hindi masaya at hindi "di-masaya"		Masaya		Sobrang masaya
1	2	3	4	5	6	7	8	9

4. Paraan ng pakikisalamuha sa ibang mga bata sa anumang paaralan? (Kung ang inyong anak ay pumapasok sa higit sa isang paaralan, mangyaring isipin ang paaralan kung saan mas maraming oras na ginugugol ang inyong anak).

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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O hindi pumapasok sa anumang paaralan ang anak ko

B. Pakikilahok

Ano sa tingin ninyo ang nararamdaman ng inyong anak tungkol sa....

2. Kanyang kakayahang lumahok sa mga gawaing panlibangan?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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5. Kakayanan niyang makilahok sa kanyang mga komunidad?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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C. Komunikasyon

Ano sa tingin ninyo ang nararamdaman ng inyong anak tungkol sa...

1. Paraan niya ng pakikipag-usap sa mga taong kilala niyang mabuti (gamit ang anumang paraan ng komunikasyon)?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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3. Paraan ng pakikipag-usap ng ibang tao sa kanya?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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D. Kalusugan

Ano sa tingin ninyo ang nararamdaman ng inyong anak tungkol sa...

3. Kanyang pagtulog?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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9. Kanyang kinabukasan?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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E. Espesyal na Kagamitan (Adaptive and Assistive Devices/Technology)

Ano sa tingin ninyo ang nararamdaman ng inyong anak tungkol sa....

1. Espesyal na kagamitan sa bahay (special seating, standing frame, wheelchair, walker)?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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O walang espesyal na kagamitan sa bahay ang aking anak

2. Espesyal na kagamitan na mayroon sa paaralan? (hal. special seating, standing frame, wheelchair, walker)?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
----------------------	---	---	---	---	---	---	---	---	---	----------------

O walang espesyal na kagamitan sa paaralan ang aking anak

F. Pananakit ng Katawan at Pagkaabala o Pagkabahala

Ang mga sumusunod na tanong ay tungkol sa mga nakakabahala o nakakaabala sa inyong anak.

1. Nakakabahala o nakakaabala ba sa inyong anak ang pagbisita sa ospital?

Hindi nakakabahala o nakakaabala	1	2	3	4	5	6	7	8	9	Sobrang nakakabahala o nakakaabala
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5. Nababahala ba ang inyong anak tungkol sa pagkakaroon ng cerebral palsy?

Hindi nakakabahala o nakakaabala	1	2	3	4	5	6	7	8	9	Sobrang nakakabahala o nakakaabala
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G. Pagkamit ng Serbisyo

Ang mga sumusunod na katanungan ay tungkol sa inyo at ang inyong nararamdaman sa pagkamit ninyo ng mga serbisyo. Ano ang inyong nararamdaman tungkol sa...

5. Pagkamit ng serbisyo upang makapagpahinga ka mula sa pag-aalaga ng inyong anak?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
----------------------	---	---	---	---	---	---	---	---	---	----------------

O hindi ko pa nasusubukang makapagkamit ng serbisyo upang makapagpahinga ako mula sa pag-aalaga ng aking anak.

***Kung hindi pa nasubukan, mangyaring laktawan ang susunod na dalawang katanungan tungkol sa serbisyo upang makapagpahinga ka mula sa pag-aalaga ng inyong anak.*

6. Dami ng serbisyo upang makapagpahinga ako mula sa pag-aalaga ng aking anak?*

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
----------------------	---	---	---	---	---	---	---	---	---	----------------

H. Inyong Kalusugan

Ano ang inyong nararamdaman tungkol sa...

1. Inyong pisikal na kalusugan?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
----------------------	---	---	---	---	---	---	---	---	---	----------------

4. Gaano ka kasaya?

Sobrang hindi masaya	1	2	3	4	5	6	7	8	9	Sobrang masaya
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Maraming salamat sa pagsagot sa aming mga katanungan.

Appendix B. Interview Guide for Phase 2

Opening

Magandang umaga po! Salamat sa pagkakasagot ninyo sa CP-QOL questionnaire na ito. Nais naming malaman kung tama ang pagkakaintindi niyo sa mga tanong bago namin gawing final ang instrumento. Ito ay para maging mas mabuti po ang Filipino translation ng CP QOL.

Bago po tayo magsimula, puwede ko po bang tanungin kung okay lang po sa inyo na i-record ko po ang interview? Hindi po ibabahagi o ipapakita ang interview sa iba, para sa documentation purposes lang.

lisa-isahin natin ang mga tanong. Kung maaari lang, sagutin ninyo nang tapat ang mga tanong. Wala pong tamang o maling sagot dito.

Okay, sabihin na lang po sa akin kung handa na po kayo.

(General questions)

1. Pakilarawan ang naranasan mo sa pagsagot sa CPQOL
2. Sa iyong sariling salita, maaari mo bang ipaliwanag kung para saan ang CPQOL.
3. Paano mo naintindihan ang instructions? Puwede mo bang ipaliwanag gamit ang sarili mong pag-intindi?
4. Paano ka nakarating sa inyong mga sagot?/Paano mo pinaghugutan/binasihan yung inyong sagot?
5. Mayroon po bang mga salita na hindi ninyo naintindihan?
6. Mayroon po bang mga salita na di natural o hindi magandang pakinggan?

(Question for each item) Para sa bawat item po, magtatanong po ako kung...

1. "Naintindihan mo ba ang tanong na ito sa unang basa?"
2. Ano ang pagkakaintindi niyo sa tanong na ito? [How do you understand this question]
3. Maaari niyo bang ulitin ang tanong gamit ang inyong sariling salita? [Kindly repeat the question in your own words].
4. (As appropriate) Ano ang inyong naisip noong nabasa o narinig ninyo ang tanong o salitang ito?
5. Maaari ninyo bang ipaliwanag ang inyong sagot dito?

(Questions for the formatting)

1. Kamusta po ang itsura ng questionnaire? (ex. font, size, colors)
2. Gaano kahirap o gaano kadali ang pagsagot ng questionnaire na ito dahil sa formatting niya? (hal. Yung pag pili ng 1-9)

Closing

Maraming salamat sa inyong pagsagot. Makakatulong po ito sa paggawa ng pinal na bersyon ng instrumento.

Thank you, we'll take this suggestion po.

Appendix C. Excerpt from the Digital Version of the Filipino Questionnaire

Quality of Life Questionnaire for Children (CP QOL-Child): Talatanungan ng Kalidad ng Buhay para sa Batang may Cerebral Palsy (CP QOL-Child Filipino)

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* Indicates required question

G. Pagkamit ng Serbisyo

Ang mga sumusunod na katanungan ay tungkol sa inyo at ang inyong nararamdaman sa pagkamit ninyo ng mga serbisyo.

Ano ang inyong nararamdaman tungkol sa...

1. pagkamit ng inyong anak sa pagpapagamot? *

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

2. pagkamit ng inyong anak ng terapi (hal. physical therapy, speech therapy, occupational therapy?) *

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

3. pagkamit ng inyong anak ng serbisyo ng espesyalista o ng operasyon? *

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

4. kakayanan niyong makahingi ng payo sa doktor na pambata (pediatrician)? *

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

5. pagkamit ng serbisyo upang makapagpahinga ka mula sa pag-aalaga ng inyong anak? (laktawan kung hindi ko pa nasusubukang makapagkamit ng serbisyo upang makapagpahinga ako mula sa pag-aalaga ng aking anak)

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

Kung hindi pa nasubukan, mangyaring laktawan ang susunod na dalawang katanungan tungkol sa serbisyo upang makapagpahinga ka mula sa pag-aalaga ng inyong anak

6. dami ng serbisyo upang makapagpahinga ako mula sa pag-aalaga ng aking anak?

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

7. kung gaano kadali na makakuha ng serbisyo upang makapagpahinga ako mula sa pag-aalaga ng aking anak?

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

8. pagkamit ng serbisyo at paggamit ng pasilidad ng komunidad o lokal na pamahalaan (hal. kindergarden, serbisyong pangangalaga sa bata, mga programa pagkatapos ng pagpasok sa paaralan, mga programa tuwing bakasyon, mga grupo sa komunidad kagaya ng boy scout at girl scout)? *

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

9. pagkamit ng inyong anak sa karagdagang serbisyo para matuto sa paaralan? *

1 2 3 4 5 6 7 8 9

Sobrang hindi masaya ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sobrang masaya

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