Urdu translation and validation of Cerebral Palsy Quality of Life Teen self-report version (13 to 18 years) Version

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Abstract

Background: Cerebral palsy (CP) is the most common neurodevelopmental disorder in pediatric population that affects muscle tone, movement, posture and motor skills. The CP QOL-teen self-report is an instrument which is designed specifically for adolescence with CP to assess well-being rather than ill-being.

Objective of the study: To translate Cerebral Palsy Quality of Life (CP QOL) teen self-report version (13 to 18 years) in Urdu and to check its validation o.

Participants and Methods: Two hundred adolescent with CP (aged 13 to 18years) were registered. The Cerebral palsy quality of life for adolescent (CPQOL-teen self-report) questionnaire was translated to Urdu language, and a validation study was performed. The relationships between the CPQOL-teen self-report domains and children's Gross Motor Function Classification System's levels were analyzed.

Results: The results showed that age and gender of the adolescents with CP are not significant factors that affect the quality-of-life domains. Cronbach's α was 0.863 which indicates high significant values of internal consistency detected among items within each quality-of-life domain.The intra-class correlation coefficient (ICC)) which is checked for test– retest reliability ranged from 0.535 to 0.827 for Urdu translated adolescent self-report Version of CP QOLwas and found strongly positively correlated

with GMFCS for wellbeing and participation (r = 0.497), moderately correlated with communication and physical health (r =0.373), school wellbeing (r=0.395) and social wellbeing (r =0.384), but was not correlated with feelings about functioning (r = 0.162).

Conclusion: The CPQoL-Teen (self-report) questionnaire is successfully translated to Urdu and displayed strong psychometric properties confirming its relevance to assess indicators of Health related Quality of Life (HRQoL) among adolescents with CP in Punjab (Pakistan).

Keywords: Cerebral palsy, CP QOL-Teen, HRQoL, Psychometric properties, Urdu translation

Introduction

Cerebral palsy (CP) affects the developing brain that in turn results in impaired muscle tone, labored movement and compromised motor performance.(1) (2). Different methods are used for classification of cerebral palsy. Amongst these methods one is to classify the CP according to disturbances of muscle tone (spasticity, athetosis and dyskinesia) while in other method classification according to degree of limb involvement is as monoplegia, diplegia, triplegia, hemiplegia and quadriplegia. (3). The degree of motor involvement caused by CP is usually evaluated by relative walking capability. The evaluation of motor function has been improved with the development of specific scales focusing on gross and fine motor functions both.(4). So far many risk factors have been as causative agents of CP but little is known about their interaction and relationship with different pathological and physiological events. Many associations have been reported comprising but not limited to infections, intra uterine growth restriction, central nervous system's malformations, multiple gestations and social deprivation. Asphyxia at birth causes about 6% of spastic CP.(5)

Approximately 70 to 80 % cases of CP are acquired prenatally and pertain to unidentified causes. Complications during birth and hypoxia at birth are currently assessed to be the reason for about six percent of children with CP. Most common risk factors for CP include premature birth before 32 weeks of gestation, infants having weight lower than 5 pounds at birth, trauma and intracranial hemorrhage. CP is developed mainly due to damage to immature brain resulting from bacterial meningitis, viral encephalitis, hyperbilirubinemia,

falls and postnatal child abuse by parents in about ten to twenty percent cases.(6). Unconjugated bilirubin can cross the blood brain barrier in neonates resulting in damage to developing brain, predominantly the basal ganglia.(7).

Some of the other contributory factors of cerebral palsy are hypoxia and congenital malformations.(8) The outcomes of different intervention strategies on QOL is becoming an important part of clinical evaluation for CP patients. The idea of measuring QOL was initially presented in the late twentieth century and it is defined as how much an individual is contented in his/her life with self-realization of their potentials of development in future which are perceived subjectively. CP has a bad effect on the quality of life of affected individuals interfering with the aspects of activities of daily life. Quality of life (QoL) in general and specifically health-related quality of life (HRQOL) is considered to be a very important constituent of community well-being. QoL is used for evaluation of an individual s wellness across many life measures and it is a subjective concept having many dimensions.(9) So it becomes an important aspect to identify their difficulties to help them in promoting their health and wellness.(10)

A person's feelings of well-being across many domains including physical, social, emotional and spiritual aspects of life. QOL can measure wellness of an individual either with normal milestones or with a disability. Now a day clinical practice and research is being directed towards those interventions which improve QOL and ensure progress in functional outcomes for children with CP. (11) Such interventions should be equipped with outcome measures focusing onquality of life to ensure better health.(12). In past studies, it has been proposed to record and concentrate on well-being of an individual rather illness. Two different version of this type of QoL questionnaire are common in use and are easily accessible: a primary caregiver-proxy report for children aged 4 to 12 years and a self-report system for kids aged 9 to 12 years.(13)

The findings of QoL in childhood cannot be generalized for adolescents as the concerns and fears that change the Quality of Life of teenagers are very diverse from those of children. It is highly possible that different things emerging in this age may impact their QoL differently resulting in arise of areas of QoL in adolescence. Teenagers with disabilities

have poor emotional and societal health and it is because they suffer from pain, mental health problems and general health illness. Adolescents also have decreased life satisfaction as stated in literature. The domains which have a huge influence on the life of adolescents are their association with their fellows and friends, self-esteem, physical appearance, the status of having a safe family and parental association(14).

The CPQoL-teen questionnaire is an extended form of the Cerebral Palsy Quality of Life Questionnaire for Children (CP QOL-Child), a tool which has good psychometric properties and is good for kids aged 4–12 years.(15). This questionnaire contains 72 items on global QOL, social wellness, emotional wellness, school wellness, and physical wellness, participation in community, communication, and pain. There are two versions of this questionnaire a self-report version and a primary caregiver report version. The primary caregiver report version has 17 additional questions about admittance to facilities and guardian health. Each question has 9 responses and the responder can choose between 1 (which states very unhappy) to 9 (which states very happy) based on how they feel. It is designed according to International Classification of Function (ICF) and the definition of quality of life by the World Health Organization. CP QoL basically evaluates the wellness of children with CP, not their illness. It was successfully translated in different languages besides English and had been proved as a reliable and valid instrument.(16)

MATERIAL AND METHODS

This Cross cultural validation study was conducted after the Ethical approval from ethical committee of Riphah International University Lahore. Study was conducted in Rising sun Lahore and other special education setups in Punjab. Sample size was taken according to CPQOL translation guideline. After informed written consent, 200 participants were recruited through convenient sampling technique.

Following inclusion Criteria was used:

- The adolescents with CP aged 13-18 years,

- They must choose the same answer from the randomly chosen questions of the CP QOLTeen in 3 out of 5 items when repeating the questions after 15 minutes apart.

Following Exclusion criteria was used:

- Children who have neurodegenerative diseases or psychiatric were Excluded.
- Adolescents who have moderate to severe cognitive impairment.
- Adolescents who cannot understand Urdu

Measures (Instrumentation):

- CPQOL TEEN SELF REPORT VERSION was used. A mix method approach was applied for translation of this tool.
- Forward translation
- Reconciliation of items
- Backward translation
- Review of both translations
- Pre-testing (cognitive interviewing)
- Validation study
- The process of translation followed the guidelines mentioned in the translation manual.(16) The self-reported original version was translated by two researchers individually and independent of each other. Both researchers were fluent and confident in English and Urdu, Urdu being the native language. Both researchers who translated were given clear instructions to incorporate acceptable and natural vocabulary for the subjects so that the translated version should be simple, easy to understand and brief in formulation without following just word-to-word translation. After forward translation, reconciliation of items was done to verify the translated questionnaire by two forward translators. The Reconciled translation reflects best possible translation of the questions. Then backward translation was done by one English-native speaker who was fluent in English and Urdu. The reviews of the forward and backward translation were finalized by the experts and professionals. Finally, the cognitive interview was conducted for pretest in adolescents with CP in order to know whether all items understandable and acceptable.

- Internal consistency Cronbach's alpha is a convenient test which is used to estimate the internal consistency. Interclass correlation coefficient was used to check test and re test reliability. For test and re test reliability, a random group containing 20 Adolescents with CP were asked to complete the questionnaire again. For item discrimination: item discrimination index was used to specify to what extent an item discrimination is present between individual who had wellness or illness and we have constructed its validity with Gross motor function classification system.

- Gross Motor Function Classification System (GMFCS) has total 5 levels, Level I indicates independence in gross motor function with few limitations and Level V indicates completely dependent for all motor activities. The properties of the GMFCS are systematically verified and documented, and it includes evidence that supports validity of its content, construct validity, inter rater reliability, and test re test reliability. GMFCS was used to construct validity with different domains of Urdu translated CPQOL teen self-report version.

- Data was collected by use of CPQOL teen (13 to 18) self-report version measuring five dimensions; General wellbeing and participation (21 items), Communication and physical health (16 items), School wellbeing (8 items), Social wellbeing (7 items), Feelings about functioning (5 items).

- Psychometric properties of Urdu translated version of CPQoL were analyzed. Scoring of CPQoL child incuded two steps:

Items were changed to a scale with a possible range of 0-100.The algebraic mean of item values was computed for each domain; items were transformed to a scale with a possible range of 0-100. All other items were recoded using following formula. If a person scored 1, we recoded it as 0. If person scored 2, we recoded it 12.5. If person scored 3, we recoded it 25. If a person scored 4, we recoded it 37.5. If a person scored 5, we recoded it 50. If person scored 6, we recoded it 62.5. If person scored 7, we recoded to

75. If person scored 8, we recoded to 87.5. If person scored 9, we recoded to 100. There are 9 items that were reversely coded. These items included: 1. concerned about having cerebral palsy, 2. Pain you/they have, 3. level of pain you/they experience, 4. level of discomfort you/they feel, 5. ability to cope with pain, 6. ability to control your/their pain, 7. way pain gets in the way of your/their life, 8. way pain stops you from being yourself/themselves, 9. how pain takes you away from your/their everyday fun? For these items: If the individual recorded 1 as score, recoded to 100. If aperson scored 2, recoded to 87.5. If person scored 3, recoded to 75. If person scored 4, recoded to 62.5. If person scored 5, recoded to 50. If person scored 6, recoded to 37.5. If person scored 7, recoded to 25. If person scored 8, recoded to 12.5. If person scored 9, recoded to 0.Internal consistency Cronbach's alpha was convenient test and it was used to estimate the internal consistency. Interclass correlation coefficient was utilized to observe test re test reliability. For test re-test reliability a random group of 20 Adolescents with CP was asked to fill the form again and we checked the construct validity with GMFCS. Data was analyzed using SPSS version 27.

Ethical Consideration:

- Ethical approval was obtained from the Ethical committee of Riphah International University, Lahore.
- Informed consent was taken from the participants and confidentiality was assured to the patients.

RESULTS

Descriptive Statistics like mean ± standard deviation were determined for quantitative data while the qualitative data were presented in the form of frequencies and percentages. The significance level set for this study was 95% ($p<0.05$).

The participants were 200 adolescents including 128 boys (63.7%) and 72 (35.8%) were females. Mean age of participants is 14.23 and SD was 1.39 years (range 13-18 years). Out of 200 participants,84(41.8%)spasticdiplegic,79(39.3%)Spastichemiplegic,26(12.9%) Dyskinetic and 11 (5.5%) were ataxic. The distribution of the participant across GMFCS as follows: 1 adolescent (0.5%) is in level 1, fourteen of them (7%) are in level 2, One hundred and twenty are in level 3 (59.7%), fifty-nine (29.4%) are in level 4, and six (3%) are in level 5.

The Cronbach's alpha was used for measuring internal consistency and its scales ranged from 0.685-0.863. Cronbach's alpha for all domains was 0.863 which showed good internal consistency and reliability. All domains exceeded the minimum acceptable values for internal consistency (Cronbach's alpha greater than or equal to 0.60). The intra class correlation coefficient for feeling about functioning (0.745), physical health (0.827), questionnaire domains were excellent. general well-being (0.693) and school well-being (0.535) showed good intra class correlation. Values for three scales were exceeding the cutoff point of 0.6. Mean score of general well-being, physical health, school well-being, social well-being and feeling about functioning was 53.45, 56.98, 49.41, 58.75 and 74.48, respectively. Overall questionnaire's reliability coefficient showed good result (0.682). Test–retest reliability which was checked by ICC ranged between .535 to .827 for Urdu translated teen self-report Version of CP QOL. ICC less than 0.4 indicates poor to fair reliability, .50 to .69 moderate reliability, 0.70 to 0.79 good reliability and value greater than 0.80 showed excellent reliability.

The association between CP QoL-Teen Urdu translated version and GMFCS was observed using Pearson correlation. Pearson coefficient values showed a positive relation. CP QOL-Teen Urdu translated version was strongly positive related to GMFCS for wellbeing and participation (r = .497), positively correlated with communication and physical health (r =.373) school wellbeing (r=.395) and social wellbeing (r =.384), and not correlated with feelings about functioning (r = 0.162).

Between-Subjects Effects showed significant Pearson correlation (p<0.05) between the children motor function and their scores in general well-being (p<0.001), physical health (p<0.001), school well-being (p<0.001), social well-being (p<0.001), feelings about

functioning (p<0.022). Moreover, MANOVA also showed significant difference between level V and other higher levels of motor function regarding their scores in all domains (p<0.001). Pearson coefficient values showed a positive relation.

Table No 1: Demographic Features

Gender of participants		N	Range	Minimum	Maximum	Mean	Std. Deviation
Age	Female	72	5.00	13.00	18.00	14.2222	1.39640
	Male	128	5.00	13.00	18.00	14.2422	1.39033
	Total	200	5.00	13.00	18.00	14.2350	1.38904

Gender of participants		Frequency	Percent
Female	Spastic diplegic	46	63.9
	Spastic hemiplegic	15	20.8
	dyskinetic	6	8.3
	Ataxic	5	6.9
	Total	72	100.0
Male	Spastic diplegic	38	29.7
	Spastic hemiplegic	64	50.0
	dyskinetic	20	15.6
	Ataxic	6	4.7
	Total	128	100.0

Gross motor function Classification system		
	Frequency	Percent
Level I	6	3.0
Level II	59	29.5
Level III	120	60.0
Level IV	14	7.0
Level V	1	.5

Table 2: Reliability-internal consistency

	Cronbach's alpha	Mean	ICC	Range
			CI (95%)	
General wellbeing & participation	0.814	53.451	0.693 0.59 – 0.77	56.375
Communication & physical health	0.862	56.98	0.827 0.78 – 0.87	26.75
School wellbeing	0.695	49.41	0.588 0.45 – 0.69	35.63
Social wellbeing	0.685	58.75	0.535 0.31-0.68	27.85
Feelings about functioning	0.799	74.48	0.749 0.66 -0.81	22.38
Overall	0.863	58.64	0.682 0.36 – 0.82	25.101

Table 3:Test-retest reliability

	Cronbach's alpha	Mean	ICC	Range
			CI (95%)	
General wellbeing & participation	0.814	53.451	0.693 0.59 – 0.77	56.375
Communication & physical health	0.862	56.98	0.827 0.78 – 0.87	26.75
School wellbeing	0.695	49.41	0.588 0.45 – 0.69	35.63
Social wellbeing	0.685	58.75	0.535 0.31-0.68	27.85
Feelings about functioning	0.799	74.48	0.749 0.66 -0.81	22.38
Overall	0.863	58.64	0.682 0.36 – 0.82	25.101

4. Construct Validity.

Source		F	MANOVA Sig.	Pearson Correlation Sig.	r
GMFCS	General wellbeing & participation	20.223	<0.001	<0.001	.497**
	Communication & physical health	13.385	<0.001	<0.001	.373**
	School wellbeing	11.949	<0.001	<0.001	.395**
	Social wellbeing	9.330	<0.001	<0.001	.384**
	Feelings about functioning	3.422	.010	0.022	.162*

Discussion

Cerebral palsy describes a cluster of lifelong but ever changing motor syndromes and impaired postural control that is attributed to non-progressive lesion in the brain. This study translated a tool (CP QOL-teen self-report version) which is intended to measure QOL of adolescent suffering with CP, "the" into Urdu. Teenagers who had filled these questionnaires were suffering with different types of CP and hence had different motor disabilities. With the purpose of making a good tool for the measurement of QoL of teenagers who have CP, it is very important to gather facts about people from different parts of the world so as to create a global measure. So this translated tool in Urdu to measure QoL will help experts to provide facilities for Urdu speaking teenagers with CP to decide about the most suitable interventions.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 relationship to their goals, expectations, standards, and concerns (17)

This study aimed at offering an Urdu translation of original CPQoL teen questionnaire (self- report form) targeted for teenagers aged between 13 and 18 years and conducted based on the recommendations in the translation manual provided by author in order to provide a valid and reliable tool identical to the original English version.(18)

For evaluation of quality of life (QoL) of persons with disabilities worldwide, questionnaires always provide very important information. A well-structured questionnaire was needed to e valuate QoL of teenagers with CP. Because knowledge about the QoL of affected individuals helps in the development of better treatment plans. It is the first study in which CPQOL-Teen questionnaire has been translated into Urdu and its validation has been evaluated by using a sample of teenagers with CP based on population. The study conducted by us established that the Urdu translated version of questionnaires possesses very good properties psychometrically and for measuring indicators of HRQOL among teenagers with CP in Pakistan, the instrument is valid and reliable. We have done a laborious multicultural translation procedure so that it can be adapted properly; we used forward translation in to Urdu followed by backward translation of Urdu, then translated version into English again. After translation, trial testing was conducted to achieve suitable language and its adaptation across the culture and then instrument administration (questionnaires were interviewer administered) was adjusted so that it can be easily understandable by individuals who have low levels of literacy in our population of interest. The Urdu translated form of CPQoL-Teens self-report questionnaire has acceptable properties psychometrically, that are analogous to the original English version with slight variations.

In conclusion, this particular study presents that the CPQoL-Teen (Urdu translated version) had adequate reliability and can be used for measuring QOL in adolescent with CP aged 13-18 years in Pakistan. Heath related quality of life measuring tools are very complex to translate and adapt cross culturally due to absence of local settings, but is beneficial in identifying global trends and it enables alliance from a public health perspective. The study about the Urdu translation of CPQoL is very important for understanding clinically the quality of living of teenagers who have CP. The CP QOL emphases on the well-being rather than Illness of kids with CP. Majority of participants filled the questionnaire with little or no help. The original questionnaire was translated into many languages. Validation of the translated versions was available online for Bengali, Chinese, Polish, Thai, and Spanish Finnish languages. Cronbach's α measured for internal consistency, in the original CPQOL Teens self-report version was .78 to .96

(Davis et al., 2013) and 0.78-0.95 in Thai translated version (19), Cronbach's α of Spanish version of the questionnaire is 0.81 to 0.93(20), internal consistency of Bengali self- report version is .77 to .92 (21) and it is 0.685-0.863 in Urdu translated version of CPQOL-teen. Cronbach's alpha for all domains is 0.863 which shows good internal consistency and reliability. All domains exceeded the minimum values of internal consistency that are acceptable (Cronbach's alpha value greater than or equal to 0.60). For the evaluation of test and retest reliability, ICCs was reported in the original English and translated Persian versions of questionnaire. ICCs (intra-class correlation coefficient (ICC)) is from .57 to .88 in the English version, and from 0.62-0.84 in the Thai version, Test–retest reliability (ICC)) is in the range of .535 to .827 for Urdu translated teen self-report Version of CP QOL. If the ICC value is less than 0.4 then it indicates poor to fair reliability, .50 to .69 shows moderate reliability, .70 to .79 good a reliability and if value is greater than 0.80 then it shows excellent agreement.

The level of motor function among children with CP logically affects their QOL. Gross Motor Function Classification System (GMFCS)(22) was utilized to check construct validity of translated questionnaire. It has 5 levels in which Level I represents independent gross motor function performance with few limitations and Level V presents complete dependence on others for all motor performance. The properties of the GMFCS have been systematically verified and described proving that it is a valid and reliable and internal consistent instrument. There was moderate correlation present between GMFCS and different aspects of CPQoL-teen English version. The correlation between wellbeing and participation and GMFCS (r = .36), communication and physical health (r=.29), and feelings about functioning (r = .40) there was no correlation present with school wellbeing and social wellbeing.(23)

Pearson coefficient was used to check the associations between CP QOL-Teen Urdu translated version and GMFCS. Pearson coefficient values showed a positive relation. CP QOL-Teen Urdu translated version was strongly positive linked with GMFCS for participation and wellbeing (r = .497), positively correlated with communication and physical health (r =.373) school wellbeing (r=.395) and social wellbeing (r =0.384), and not correlated with feelings about functioning (r = 0.162).

Conclusion:

Cerebral Palsy quality of Life Teen self-report questionnaire was effectively translated to Urdu and it exhibited good properties psychometrically thus confirming its appropriateness to measure different domains of heath related life quality in teenagers who have CP in Punjab (Pakistan). The consistency and validity of this instrument is adequate. This Urdu translated version of CP QOL teen self-report is beneficial for health professionals and for those who want to assess the quality of life of teenagers with CP aged from 13 to 18 years.

Data availability statements

Data associated with this study may be available upon reasonable request

Materials availability statement

Material utilized this study may be available upon reasonable request

Pre-registration statement

This study did not undergo pre-registration.

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بچوں کے معیار زندگی سے متعلق سوالنامہ

معیارِ زندگی سوالنامہ

نو عمر کے لئے

ہم آپ سے آپ کی زندگی جیسے آپ کے خاندان، آپ کے دوست، آپ کی صحت اور آپ کے اسکول کے بارے میں کچھ سوال پوچھنا چاہتے ہیں

ہرسوال کا آغاز 'آپ کیسا محسوس کرتے ہیں' سے ہو گا.

ہرسوال کے لیے ہم چاہتے ہیں کہ آپ جیسا محسوس کرتے ہیں اس کے لحاظ سے بہترین جواب کا انتخاب کریں.

آپ 1 (بہت ناخوش) سے 9 (بہت خوش) تک کسی بھی نمبر کا انتخاب کر سکتے ہیں.

یہ سوالنامہ ان نوجوانوں کے لیے بنایا گیا ہے جو مختلف اقسام CP کے کا شکار ہیں اور کچھ سوالوں CP کا جواب دینا مشکل ہو سکتا ہے.

برائے مہربانی اپنے اعتبار سے جس قدر ہو سکے بہتر جواب دینے کی کوشش کریں، خیال رہے اس سوالنامے کا مقصد یہ جاننا ہے کہ آپ کیسا محسوس کرتے ہیں نہ کہ آپ کیا کر سکتے ہیں

آپ کی رہنمائی کے لیے ایک مثال دی گئی ہے.

سوال: آپ کیسا محسوس کرتے ہیں؟

جس طرح عمومی طور پر آپ لوگوں کے ساتھ گھل مل جاتے ہیں

س: آپ کیسا محسوس کرتے ہیں؟

عام طور پر آپ کی زندگی؟

مجموعی طور پر آپ کی زندگی؟

آپ کا معیار زندگی؟

آپ کتنے خوش ہیں؟

خاندان اور دوست

س: آپ کیسا محسوس کرتے ہیں؟

جس طرح عام طور پر آپ لوگوں کے ساتھ گھل مل جاتے ہیں؟

جس طرح آپ اپنے والدین/ جو آپ کا خیال رکھتے ہیں ان کے ساتھ رہتے ہیں.

تعاون آپ کو اپنے خاندان سے ملتا ہے.

طرح آپ اپنے بہن بھائیوں کے ساتھ گزر بسر کرتے ہیں

یا

آپ کا کوئی بہن بھائی نہیں

جس طرح آپ اسکول سے باہر دوسرے نو عمروں کے ساتھ ملتے ہیں. (اسکول کے دوست نہیں)

جس طرح آپ بڑوں کے ساتھ ملتے جلتے ہیں.

آپ کی خود کھیلنے کی عادت

کنبے کے ساتھ گھومنے پھرنے جانے کے لیے بارے میں

خاندان اور دوست

س: آپ کیسا محسوس کرتے ہیں؟

بہت خوش	خوش	خوش اور نہ ناخوش	ناخوش	بہت ناخوش

اجیلکہ آپ کے خاندان نے آپ کو قبول کیا ہے کے

سکول کے علاوہ نو عمر جیسے آپ کو قبول کرتے ہیں؟

آپ	1	2	3	4	5	6	7	8	9

(اسکول کے دوستوں کے علاوہ)

جس طرح بالغ افراد آپ کو قبول کرتے ہیں۔

1	2	3	4	5	6	7	8	9

جس طرح لوگ عمومی طور پر قبول کرتے ہیں۔

1	2	3	4	5	6	7	8	9

وہ کام کر سکنا جو آپ کرنا چاہتے ہیں (آپ کی کام کرنے

کی صلاحیت نا کہ یہ بات کہ آپ کو اجازت ہے یا نہیں)

جس طرح آپ کو جا کر نئ چیزوں کی کوشش کرنی

ہے

اپنے آپ کو؟

1	2	3	4	5	6	7	8	9

آپ کا مثبت رویہ؟

1	2	3	4	5	6	7	8	9

آپ کا مستقبل؟

1	2	3	4	5	6	7	8	9

زندگی میں آپ کے مواقع؟

1	2	3	4	5	6	7	8	9

اسکول

بہت زیادہ	زیادہ	درمیانہ نہ زیادہ نہ کم	کم	بالکل نہیں

9	8	7	6	5	4	3	2	1

س: آپ کیسا محسوس کرتے ہیں؟

جس طرح اسکول میں بچے آپ کو قبول کرتے ہیں

(اگر آپ ایک سے زائد اسکولوں میں جاتے ہیں تو آپ جس اسکول میں زیادہ وقت گزارتے ہیں اس سکول کے بارے میں بتائیے)

جس طرح آپ کے اسکول کے باقی طالب علم آپ کو شامل کرتے ہیں؟

9	8	7	6	5	4	3	2	1

جس طرح آپ اپنے اساتذہ کے ساتھ چلتے ہیں؟

9	8	7	6	5	4	3	2	1

جس طرح آپ اپنے خیال رکھنے والوں کے ساتھ ملتے ہیں

یا (میرا کوئ نگہداشت کرنے [ ] ہیں)

جس طرح آپ کو اسکول میں باقی طالب علم قبول کرتے ہیں

(اگر آپ ایک سے زائد اسکولوں میں جاتے ہیں تو آپ جس اسکول میں زیادہ وقت گزارتے ہیں اس اسکول کے بارے میں بتائیے)

9	8	7	6	5	4	3	2	1

جس طرح آپ کو اسکول میں اساتذہ اور باقی لوگ قبول کرتے ہیں.

9	8	7	6	5	4	3	2	1

اسکول میں آپ کے ساتھ باقی سب جیسا سلوک کیا جاتا ہے.

9	8	7	6	5	4	3	2	1

اسکول

س: آپ کیسا محسوس کرتے ہیں؟

آپ کے ساتھیوں کے ساتھ تعلیمی لحاظ سے برقرار رکھنے کی اہلیت.

آپ کے ساتھیوں کے ساتھ جسمانی طور پر برقرار (مقابلہ) کرنے کی صلاحیت؟

اسکول میں شراکت کی اہلیت (صلاحیت)

(اگر آپ ایک سے زائد اسکولوں میں جاتے ہیں تو آپ جس اسکول میں زیادہ وقت گزارتے ہیں اس اسکول کے بارے میں بتائیے).

شراکت

آپ کا تفریحی سرگرمیوں میں حصہ لینے کی صلاحیت.

(یہ سوال اس بارے میں ہے کہ آپ کھیلوں میں حصہ لینے اپنی اہلیت کے بارے میں کیسا محسوس کرتے ہیں نہ کہ جو آپ کر سکتے ہیں)

اسکول کے علاوہ سماجی سرگرمیوں میں حصہ لینے کی صلاحیت

آپ کے معاشرے میں حصہ لینے کی قابلیت

مواصلات

س: آپ کیسا محسوس کرتے ہیں؟

طرح آپ اپنے جاننے والے لوگوں کے ساتھ بات کرتے ہیں. (مواصلات کا کوئ طریقہ بھی چیت استعمال کرتے ہوئے)

جس طرح آپ ان لوگوں کے ساتھ بات کرتے جن کو آپ اچھے طریقے سے نہیں جانتے.

دوسرے لوگ جس طرح آپ سے بات چیت کرتے ہیں.

جس طرح آپ ٹیکنالوجی کا استعمال کرتے ہوئے دوسرے لوگوں کے ساتھ بات چیت کرتے ہیں. (ٹیکسٹ پیغامات، انٹرنیٹ)

صحت

س: آپ کیسا محسوس کرتے ہیں؟

آپ کی مجموعی صحت؟

سب سے برا								سب سے اچھا
9	8	7	6	5	4	3	2	1
9	8	7	6	5	4	3	2	1

آپ کی جسمانی صحت؟

9	8	7	6	5	4	3	2	1

آپ جس طرح ایک جگہ سے دوسری جگہ آتے جاتے ہیں.

9	8	7	6	5	4	3	2	1

جیسے سوتے ہیں. جس

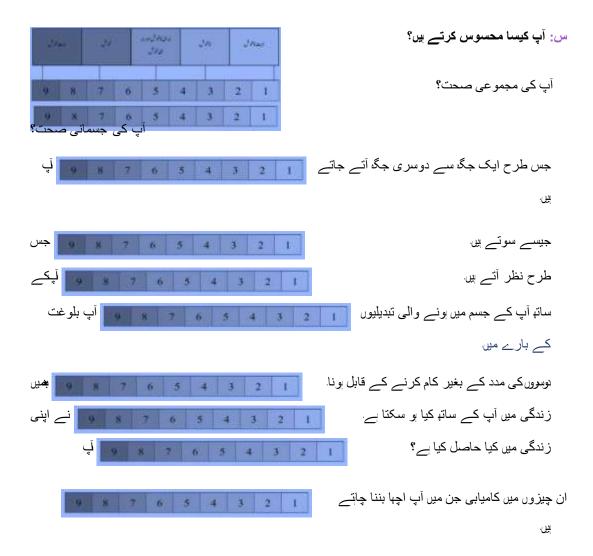| 9	8	7	6	5	4	3	2	1

طرح نظر آتے ہیں. لڑکے

9	8	7	6	5	4	3	2	1

آپ بلوغت کے ساتھ آپ کے جسم میں ہونے والی تبدیلیوں کے بارے میں.

9	8	7	6	5	4	3	2	1

دوسروں کی مدد کے بغیر کام کرنے کے قابل ہونا. بھی

9	8	7	6	5	4	3	2	1

زندگی میں آپ کے ساتھ کیا ہو سکتا ہے. نے اپنی

9	8	7	6	5	4	3	2	1

زندگی میں کیا حاصل کیا ہے؟ آپ

9	8	7	6	5	4	3	2	1

ان چیزوں میں کامیابی جن میں آپ اچھا بننا چاہتے ہیں.

9	8	7	6	5	4	3	2	1

صحت

آپ کیسا محسوس کرتے ہیں؟

محلے میں گھومنے کی آپ
کی قابلیت

آپ کی ایک جگہ سے دوسری جگہ جانے کی قابلیت

اپنے مستقبل کے بارے میں آپ کے ارادے

اگلے سوال کا جواب مختلف ہے "بلکل بھی پرواہ نہیں" سے لے کر "بہت حد تک فکر مند"

Cerebral p

ہونے کی وجہ سے فکر مند ہیں؟

اگلے 2 سوال اس متعلق ہیں کہ آپ اپنے روزمرہ کے کاموں کو
کر سکنے کے بارے میں کیسا محسوس کرتے ہیں

اس متعلق نہیں ہے کہ کیا وہ کام کر سکتے ہیں آپ یا نہیں. طرح آپ

اپنے بازوؤں اور ہاتھوں کا استعمال کیجں
کرتے ہیں

جس طرح آپ اپنی ٹانگوں کا استعمال کرتے ہیں

صحت

س: آپ کیسا محسوس کرتے ہیں؟

آگے 3 سوال اس متعلق ہیں کہ آپ روزمرہ کے کاموں کو کر سکے کے بارے میں کیسا محسوس کرتے ہیں سوال اس متعلق

نہیں ہے کہ کیا آپ وہ کام کر سکتے ہیں یا نہیں

لباس پہننے کی قابلیت کے بارے میں .

 خود

کھانے اور پینے کی قابلیت کے بارے میں

 بیت

الخلاء استعمال کرنے کی قابلیت کے بارے

 خود .. میں

خصوصی سامان

س:آپ کیسا محسوس کرتے ہیں؟

بہت اہل	اہل	درمیانی حد تک اہل	نااہل	بہت نااہل

9	8	7	6	5	4	3	2	1

آپکے گھر میں موجود خصوصی سامان کے بارے (مثلاً خاص کرسی، کھڑے ہونے کا فریم، ویل.ہو چیئر، واکر، بصری مدد ، صوتی مدد کے آلات اور مواصلات میں مدد کرنے کا سامان)

یا

مجھے گھر میں کسی خاص مدد کے سامان کی ضرور	ہل	☐

صوصی سامان کے	لئے	☐ | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

میں (مثال کے طور پر نوٹ ٹیکرز، خصوصی کرسی، واکر، کھڑے ہونے کا فریم ، لیپ ٹاپ، بصری صوتی مدد کے آلات اور مواصلات میں مدد کا سامان)

یا

مجھے اسکول میں کسی خاص سامان کی ضرور	ہیں	☐

بارے	ہی | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

(مثلاً ریمپ، ویل چیئر تک رسائی،)

یا

☐	معاشرے میں مجھے کسی خاص مدد کی ضرورت .

| 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

معاشرے میں خصوصی خدمات تک آپ کی رسائی (نوکری کے لیے گھر سے باہر جانے کے لیے).

یا

☐	مجھے معاشرے میں کسی خاص مدد کی ضرورت
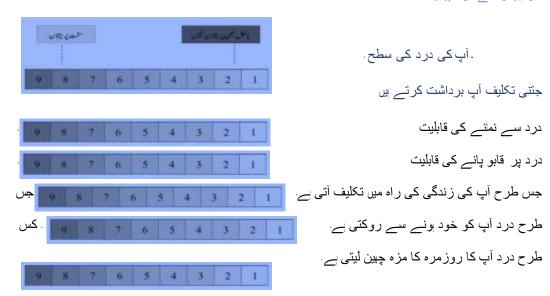
درد اور پریشانی

س: آپ کیسا محسوس کرتے ہیں؟

اگلا سوال آپ کی تکلیف کے بارے میں ہے جو آپ محسوس کریں

آپ کو کتنی تکلیف ہے؟ .

اگر آپ کا سوال 1 **'کوئ درد نہیں'** ہے تو آپ نے سوالنامہ ختم کر لیا ہے آپ کو لگے سوا لون کا جواب دینے کی ضرورت نہیں اگر نہیں تو اگلے سوال پڑھیں.

آپ کی درد کی سطح. .

جتنی تکلیف آپ برداشت کرتے ہیں

درد سے نمٹے کی قابلیت .

درد پر قابو پانے کی قابلیت .

جس طرح آپ کی زندگی کی راہ میں تکلیف آتی ہے. جس

طرح درد کو آپ کو خود ہونے سے روکتی ہے. کس

طرح درد آپ کا روزمرہ کا مزہ چھین لیتی ہے.

ہمارے سوالوں کا جواب دینے کا

شکریہ

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