

가 Incontinence Quality of Life(I-QoL)

, Health Research Associate, Inc.*

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Translation and Linguistic Validation of Korean Version of the
Incontinence Quality of Life(I-QoL) Instrument

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Purpose : Patient-relevant outcomes are increasingly used as complementary evidence of effectiveness in the evaluation of treatment options. With the aim of utilization in objectively assessing the symptom's severity and the treatment outcomes of urinary incontinence in Korean population, we translated the Incontinence Quality of Life(I-QoL) instrument into Korean version which subsequently was linguistically validated. 1)

Material, Methods and Results : Our study lasted for a period of about 8 months, between November 2001 and June 2002. Two native Koreans speakers, who were also fluent in English, translated the origin: English I-QoL in written Korean independently. A panel consisting of aforementioned translators and three bilingual authors reviewed the translations to form a single reconciled forward translation of the Korean I-QoL. Another translator, who had never seen the original I-QoL, back-translated this first draft to English. The back-translation was assessed for equivalence to the original by the Health Research Associates, Inc. (HRA). Discrepancies between the original U.S.-English form and the first draft Korean translation were reviewed by the panel. Cognitive debriefing interviews with five incontinent patients to test the interpretation of the translation were made. Summary of the changes was sent to the HRA and the comments from patient interviews were then reflected in the final Korean version. Comparison of the Korean

Key Words : Incontinence quality of life,
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version of I-QoL with the original I-QoL was made to ensure conceptual equivalence during a meeting with professional translators representing many countries involved. Finally, it was proofread to check spelling, grammar, layout and formatting.

Conclusion : Linguistic validation of Korean version of incontinence measure I-QoL was completed and was internationally approved. It is now ready to use in Korea and further test for psychometric performance of the Korean I-QoL is needed.

| | | |
|--|--------------------------------|---|
| | 가 | 가 |
| Incontinence Quality of Life(I-QoL) | Wagner ¹ | 가 |
| I-QoL | ² | 가 |
| | 11 | |
| | ² | I-QoL |
| 가. | | |
| I-QoL | 5 | 22 |
| 가 | | 1 ("Extremely") 5 ("Not at all") |
| Psychosocial impacts, Social embarrassment | 3 | Avoidance and limiting behavior, (subscale) |
| Avoidance and limiting behavior | | 1, 2, 3, 4, 10, 11, 13, 20 8 |
| Psychosocial impacts | 5, 6, 7, 9, 15, 16, 17, 21, 22 | 9 |
| Social embarrassment | 8, 12, 14, 18, 19 5 | 22 |

가 . 가 가
 가 0(가) 110(가)
 , (subscale score)= () / () 0 ()
) 100 () =[()- 가 가
 가 가]] *100/[(가 가)- 가 가
]] 가 Social embarrassment
 , 8, 12, 14, 18, 19 2, 3, 4, 3, 2 가 ,
 (subscale score)=(3+4+3+4 +3)/5=3.4 100 'Social
 Embarrassment' score=[(3+4
 +3+4+3) - (1+1+1+1+1)] *100/[(5+5+ 5+5+5) - ((1+1+1+1+1))]=[17-5]*100 / 20 = 60 . I-QoL
 가 'About You' 8 가

I-QoL

가 (Patrick DL)
 가 가 Health Research Associate, Inc.(HRA) (Seattle, WA, U.S.A.)
 120 2001 11 2002 6 8

7 HRA

- 1) I-QoL : grid
- 2) (forward translation) : I-QoL
 2 가가 (ver 1.0a 1.0b).
- 3) (reconciliation) : review panel ver 1.0
 (ver 1.1) HRA
- 4) (backward translation) : HRA ver 1.1 3 가
 HRA
- 5) debriefing(cognitive debriefing) : HRA HRA
 (ver 1.2).
 5 ver 1.2

가

HRA

- 6) (international harmonization) : HRA debriefing
가 panel
- 7) (final proof-reading): ver 1.3 ver 1.3
ver 1.4

1.

| | | | |
|---|---------------------------------|--|----------------------------|
| | 'leak' | | |
| | | 'RIGHT NOW' | |
| 1 | 'get to the toilet on time' | | 가 가 |
| | 가 | | |
| | 가 | 4 | 'new places' 가 |
| 가 | | 9 | 'always on my mind' (腦裡) 가 |
| | | | (念頭) |
| | 11 | 'plan every detail' | |
| | | | 13 |
| | 'getting a good night of sleep' | | |
| | 가 | | |
| | 18 | 'wetting myself' | |
| | | 19 | 'control over my bladder' |
| | | | |
| | 21 | 'my incontinence limits my choice of clothing' | |

(Table 1).

2.

| | | | |
|---|-----------------------|------|--|
| 1 | ‘on time’ | | ‘in time’ |
| | ‘ | ’ | ’ |
| | | . 12 | ’ |
| | | | (I am worried that the incontinence of urine will get worse as |
| | a result of old age.) | | (The back |
| | | | translation seems to point that as I become older, I worry that my incontinence becomes worse.)’ |
| | ‘ | | 가 |
| | ’ | | |

(Table 2).

Table 1. Reconciliation after two forward translation of the Incontinence Quality of Life (I-QoL) by two independent bilingual translators

| Original | Independent Forward Translations | Reconciliation |
|---|--|----------------------------|
| Instruction : CAREFULLY | / | |
| Instruction : SOME STATEMENTS | / | |
| Instruction : LEAK | / | |
| Instruction : RIGHT NOW | | |
| Instruction : THE BEST ANSWER | / 가 | 가 |
| Instruction : THERE ARE NO RIGHT OR WRONG ANSWERS. | / | |
| Information : YOUR ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL | ./ | |
| Subtitle : feelings | / | |
| 1. get to the toilet on time | 가 ./ | 가 |
| 4. new places | / 가 | |
| 6. don't feel free | | |
| 7. smelling urine on me | | |
| 9. always on my mind | ./ | (念頭) |
| 11. plan every detail | | |
| 13. getting a good night of sleep | ./ | |
| 18. wetting myself | ./ | |
| 19. control over my bladder | ./ | |
| 21. My incontinence limits my choice of clothing | ./ | |
| Response Options: 1 EXTREMELY 2 QUITE A BIT 3 MODERATELY 4 A LITTLE 5 NOT AT ALL | 1. / 2. / 3. / 4. / 5. / 가 | 1. 2. 3. 4. 5. |
| A3. Response Options : 1. MILD 2. MODERATE 3. SEVERE | 1. / 2. / 3. / | 1. 2. 3. |
| A6. Do you lose urine at times not associated with any specific activity or the need to go to the bathroom? | ? / 가 ? | 가 ? |
| A7, A8. In the last month | | 1 |

'bladder' . . . 가

A1 ' . . . 가

A3 ' . . . 가 ?'

A6 ' . . . 가

A7 ' . . . 가

A8 ' . . . 가

A8 ' 4 TIMES (ABOUT ONCE A WEEK)

' 1 ' 가 ' 1 4 (1 1)'

가 (Table 3).

가 가

4.5 가

가

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I-QoL

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| | | |
|----|-------------------------------------|-------|
| 가 | Incontinence Quality of Life(I-QoL) | 9 |
| . | 가 | 6,7 |
| , | bothersome | |
| . | 가 | |
| . | 가 | |
| 가 | 가 | 8 |
| 가 | 가 | 9 |
| 10 | 11 | |
| 가 | 가 | 12,13 |
| . | | 14 |
| , | 가 | |
| . | 가 | |
| 가 | 가 | |
| 가가 | 가 | |
| . | 가 | |

Table 3. Debriefing of five patients of Korean translation of the Incontinence Quality of Life (I-QoL)

| Original | Translation | New Translation |
|---|----------------|-----------------|
| Instruction: IF YOU ARE UNSURE ABOUT HOW TO ANSWER A QUESTION, PLEASE GIVE THE BEST ANSWER YOU CAN. | 가 가 | 가 |
| Instruction: THERE ARE NO RIGHT OR WRONG ANSWERS | . | . |
| Information: YOUR ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL | . | . |
| 1. I worry about not being able to get to the toilet on time | . | 가 |
| 19. I feel like have not control over my bladder. | . | . |
| A1. How long have you had urinary problem or incontinence? | 가 ? | 가 ? |
| A3. Response options: 1 MILD 2 MODERATE 3 SEVERE | 1. 2. 3. | 1. 2. 3. |
| A6. Do you lose urine at times not associated with any specific activity or the need to go to the bathroom? | 가 ? | 가 ? |
| A8. Response Options : 4 TIMES (ABOUT ONCE A WEEK) | 1 | 1 4 (1 1) |

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I-QoL

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 , 가 , 가 , 가
 가 가
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 가
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 가 가
 가 가

debriefing 가 ,

가 .

debriefing 가

가 'leak', 'we', 'lose'

HRA 가

debriefing 가

가

가 debriefing 가

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I-QoL

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I-QoL

Eli Lilly

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APPENDIX

1. Incontinence Quality of Life(I-QoL)

PLEASE WRITE IN TODAY'S DATE : ___ Day ___ Month ___ Year
PLEASE READ THIS CAREFULLY ON THE FOLLOWING PAGES YOU WILL FIND SOME
STATEMENTS THAT HAVE BEEN MADE BY PEOPLE WHO HAVE URINARY INCONTINENCE
(LEAKING URINE WHEN YOU DON'T WANT TO).
PLEASE CHOOSE THE RESPONSE THAT APPLIES BEST TO YOU RIGHT NOW AND CIRCLE
THE NUMBER OF YOUR ANSWER.
IF YOU ARE UNSURE ABOUT HOW TO ANSWER A QUESTION, PLEASE GIVE THE BEST
ANSWER YOU CAN.
THERE ARE NO RIGHT OR WRONG ANSWERS.
YOUR ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

Your Feelings

(Please circle the number of your answer)

1. I worry about not being able to get to the toilet on time
2. I worry about coughing or sneezing because of my urinary problems or incontinence.
3. I have to be careful standing up after I've been sitting down because of my urinary problems or incontinence.
4. I worry about where toilets are in new places.
5. I feel depressed because of my urinary problems or incontinence.
6. Because of my urinary problems or incontinence, I don't feel free to leave my home for long periods of time.
7. I feel frustrated because my urinary problems or incontinence prevents me from doing what I want.
8. I worry about others smelling urine on me.
9. My urinary problems or incontinence is always on my mind.
10. It's important for me to make frequent trips to the toilet.
11. Because of my urinary problems or incontinence, it's important to plan every detail in advance.
12. I worry about my urinary problems or incontinence getting worse as I grow older.
13. I have a hard time getting a good night of sleep because of my urinary problems or incontinence.
14. I worry about being embarrassed or humiliated because of my urinary problems or incontinence.
15. My urinary problems or incontinence makes me feel like I'm not a healthy person.
16. My urinary problems or incontinence makes me feel helpless.
17. I get less enjoyment out of life because of my urinary problems or incontinence.

18. I worry about wetting myself.
19. I feel like I have no control over my bladder.
20. I have to watch what or how much I drink because of my urinary problems or incontinence.
21. My urinary problems or incontinence limit my choice of clothing.
22. I worry about having sex because of my urinary problems or incontinence.
- Response options: 1 EXTREMELY, 2 QUITE A BIT, 3 MODERATELY, 4 A LITTLE, 5 NOT AT ALL

About You

- A1. How long have you had urinary problems or incontinence? (Please write the number below)
- _____ YEARS _____ MONTHS
- A2. How many medical appointments have you made in the past year to treat your urinary problems or incontinence? (Please write the number on the line provided)
- _____ NUMBER OF APPOINTMENTS IN THE LAST YEAR
- A3. How would you describe the severity of your urinary problems or incontinence? (Please circle the number of your answer)
- 1 MILD 2 MODERATE 3 SEVERE
- A4. Do you lose urine when you cough, sneeze, run, walk, jump or when you do some other specific activity?
- 0 NO 1 YES
- A5. Do you lose control of your bladder before you can get to the bathroom?
- 0 NO 1 YES
- A6. Do you lose urine at times not associated with any specific activity or the need to go to the bathroom?
- 0 NO 1 YES
- A7. In the last month, how many times did you lose urine, even a small amount, when you didn't want to? (Please write the number on the line provided)
- _____ NUMBER OF TIMES IN THE LAST MONTH
- A8. In the last month, how many times did you lose urine, even a small amount, when you didn't want to?
- 0 NOT AT ALL IN THE LAST MONTH
- 1 1 TO 2 TIMES IN THE LAST MONTH
- 2 4 TIMES (ABOUT ONCE A WEEK)
- 3 2 TO 3 TIMES PER WEEK
- 4 ABOUT 1 TIME A DAY
- 5 ONE OR TWO TIMES A DAY
- 6 THREE OR FOUR TIMES A DAY
- 7 FIVE OR MORE TIMES A DAY

2. Incontinence Quality of Life(I-QoL)

| | | | | | | |
|-----|---|-------|-------|-------|-------|-----|
| | : | _____ | _____ | _____ | _____ | |
| | (| | | | | |
|) | 가 | | 가 | | | |
| | | | | | | |
| | | | | | | |
| (| | |) | | | |
| 1. | | | 가 | | | |
| 2. | | | | | | |
| 3. | | | 가 | | | |
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| 6. | | | | | | |
| 7. | | | 가 | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | 가 | | | |
| 11. | | | | | | |
| 12. | | | 가 | | | |
| 13. | | | | | | |
| 14. | | | 가 | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | 가 | | | |
| 21. | | | | | | |
| 22. | | | | | | |
| | : | 1 | / 2 | / 3 | / 4 | / 5 |

A1. 가 ? ()

A2. 1 ?
()

A3. 1 ? ()

1 / 2 / 3

A4. , , , ,
? 0 / 1

A5. ?
0 / 1

A6. ?
0 / 1

A7. 1 ?
()

A8. 1 ?
0 1

1 1 1-2
2 1 4 (1 1)

3 1 2-3

4 1

5 1-2

6 3-4

7 5 5

