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**Guidance Note for Translating  
and Customizing the**  
MODULE ON CHILD FUNCTIONING

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UNICEF Data and Analytics Section  
Division of Data, Analytics, Planning and Monitoring  
3 United Nations Plaza  
New York, NY 10017, USA  
Email: [data@unicef.org](mailto:data@unicef.org)

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# Section 1

## INTRODUCTION

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The Child Functioning Module (CFM), developed by UNICEF and the Washington Group on Disability Statistics (WG), is intended to produce cross-nationally comparable estimates of the number and proportion of children with functional difficulties.

UNICEF and the WG, in consultation with an international group of experts, have put the survey module through a rigorous development and evaluation process, including drafting, revising and validating the questions. The extensive testing done on the module revealed that minor variations in question wording can lead to significant response variation, that is, responses that do not meet the

intent of the questions. To retain the properties of the module and maximize international comparability, except for the specific customizations mentioned below, the CFM should be used exactly as presented in the different language versions available on the official website.<sup>1</sup> If the CFM needs to be implemented in a language other than the ones available, best practices for translation should be observed that would yield equivalent versions of the questions across a variety of settings and cultures. This is necessary to ensure that the CFM is understood in a way that is consistent both within and across countries.

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<sup>1</sup> United Nations Children's Fund, 'Module on Child Functioning: Questionnaires', <<https://data.unicef.org/resources/module-child-functioning>>, accessed July 2022.

## Section 2

# GENERAL TRANSLATION REQUIREMENTS

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Accurate translation is needed to serve both national and international purposes. Those seeking to use the CFM are often confronted with the challenge of translating the questions into multiple languages, as well as adapting to multiple dialects in some countries.

A good translation goes beyond the literal translation of words into another language and assures that concepts are appropriately reflected and consistent in all versions of the questionnaire.

In addition to using professional translators, it is preferable to choose individuals who are working in the field of disability. Such individuals tend to have a better understanding of the subject matter, what the questions and answer categories are trying to capture, and the nuances of language that could affect how words are interpreted.

Translators require:

- Excellent knowledge of the source language (English)
- An excellent command of the target language
- Familiarity with the subject matter and the intent of the questions and response categories.

A competent translator is not only bilingual, but bicultural. S/he can support the translation of the concepts the module is designed to capture as well as the wording needed to do so.

### Translation method

Translation of the CFM needs to be carried out using the conceptual (team) translation method. This method relies on detailed understanding of the terms used in the questions as well as the underlying concepts that the questions are intended to measure. It incorporates five functions: translation, review, adjudication, pretesting and documentation; it is referred to as the TRAPD method.

The conceptual translation method is recommended since disability is a complex concept where the meaning of the terms used in the questions can be sensitive to context and culture. In order to have question sets that will yield internationally comparable results, it is necessary to focus on conceptual congruence so that respondents in different countries and cultures will have the same understanding of the questions, regardless of whether the exact terms used are the same.

In the TRAPD model, two individuals or teams, working separately, translate the questions and answer categories into the target language. The translators/teams and at least one reviewer then meet to review the translations and make comments on issues they find of concern or changes they recommend – by consensus. An adjudicator (who may or may not be at the review meeting) will ultimately decide whether to adopt the changes or recommendations, or make other changes based on the findings of the reviewer(s). The role of the adjudicator is to determine whether or not each question was properly translated – that is, that the intended concepts were actually captured.

This approach differs from the forward-backward translation method. The forward-backward method begins with a version of the question set in the language in which it was originally developed, for example, English (source language). This version is given to professional translators who translate the module into another (target) language, for example, French (forward translation). Then, a different professional translates the French version back into English (back translation) and the two English versions are compared. Strict, literal forward-backward translation is not recommended since, even if the back translation matches the original version, the translation into the target language might not necessarily capture the underlying concept being

measured, nor are nuances of the target language considered.

The simple forward-backward translation method should not be used other than in rare instances where optimal translation protocols cannot be met. When the forward-backward translation method is used, it should be supplemented by a thorough discussion of the resulting discrepancies with a technical team of disability and survey design experts, in close consultation with local stakeholders.

### Testing of the translation

Once the translation is completed, it should be tested. The testing of translated questions is an exercise in validation. Evaluations of the translations focus on issues such as whether the substantive content of a source question is captured in the translation, whether there are changes in pragmatic meaning (what respondents perceive as the meaning), and whether technical aspects are translated and presented appropriately (for example, the linguistic and survey appropriateness of response scales).

The goal of testing is to assess whether the translation of the survey instrument in the target language accurately reflects all aspects of the source language instrument.<sup>2</sup>

The patterns of interpretation of a question or text in the target language are expected to be comparable to those in the original source language; and both of these should match the question developer's intent. While it is often the case that fewer resources are devoted to testing survey translations than questions designed in the source language, this testing should not be overlooked.

Focus groups and cognitive interviews can be used to gain insight into the appropriateness of language used in survey translations.

Focus groups can be used to gain target population feedback on item formulation and how questions are perceived. They are generally not suitable for

testing questions or the assessment of entire (lengthy) questionnaires. To optimize efficiency, written materials can be used to ask participants to explain terms, including answer categories. Oral and aural tasks are more suitable than written ones when target population literacy levels are low, when oral/aural mode effects are of interest, or to ensure that the information to evaluate the translation is obtained.

Cognitive interviews allow for problematic issues to be probed in depth and can identify terms not well understood across all subgroups of the target population.<sup>3</sup>

Protocols should be developed and documented for all types of tests, with particular care towards designs to investigate potentially concerning survey items.

Interviewer and respondent debriefings can be used after all types of pretests, with full documentation of debriefings, to collect feedback and probe comprehension of items or formulations.

Throughout the process, decisions made at every step are documented to inform designers and analysts about how the final translation was reached.

Prior to beginning the data collection, survey coordinators need to ensure that there is a version of the questions in the local language. All translation should be done before the survey commences. Translation by the interviewer at the time of the interview ['on the fly'] should be avoided since small differences in interpretation of a phrase or even a single word can destroy the reliability and validity of the data. In countries where there are many local languages and resources are not available for 'official' translations into all languages, it is recommended that teams of interviewers from those specific localities/regions get together before data collection to agree, among themselves and with supervision, on a local language version that can be used consistently in the field.

<sup>2</sup> Survey Research Center, 'Guidelines for Best Practice in Cross-Cultural Surveys', Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, 2016, <<http://ccsg.isr.umich.edu/index.php/chapters/translation-chapter>>, accessed July 2022.

<sup>3</sup> Miller, Kristen, 'Conducting Cognitive Interviewing Methodology to Examine Survey Question Comparability', ch. 10 in *Advances in Comparative Survey Methods: Multinational, multiregional, and multicultural contexts (3MC)*, edited by Timothy P. Johnson et al., Wiley Online Library, 2018, <Conducting Cognitive Interviewing Studies to Examine Survey Question Comparability - Advances in Comparative Survey Methods - Wiley Online Library>, accessed July 2022; Schoua-Glusberg, Alisú, and Ana Villar, 'Assessing Translated Questions via Cognitive Interviewing', ch. 5 in *Cognitive Interviewing Methodology*, edited by Kristen Miller et al., *Wiley Series in Survey Methodology*, Wiley Online Library, 2014, pp. 51-67, <Assessing Translated Questions via Cognitive Interviewing - Cognitive Interviewing Methodology - Wiley Online Library>, accessed July 2022.

## Section 3

# SPECIFIC RECOMMENDATIONS FOR TRANSLATION

The CFM is comprised of two questionnaires, one with 16 questions for children aged 2 to 4 years and another with 24 questions for children aged 5 to 17 years. The questions are to be administered to the mother or primary caregiver of the child in question and cover various domains of functioning.

### Seeing

**Domain:** The purpose of this domain is to identify children with varying degrees of vision difficulties. Seeing difficulties include problems seeing things in day or night, close up or far away, reduced ability to see out of one or both eyes, and limited peripheral vision.

**Rationale:** Seeing is measured through the use of corrective lenses if such lenses are used. Corrective lenses include glasses and contact lenses. Both terms are used in the questionnaire for children aged 5 to 17 years, but only the term 'glasses' is used in the questionnaire for younger children (2 to 4 years). This is because (a) young children are rarely given the use of contact lenses and (b) testing has shown that the general usage of the term 'glasses' includes both glasses and contact lenses, so young children using contact lenses will be identified by this question. In countries without access to contact lenses, "or contact lenses" may be removed from questions CF1 and CF2 in the questionnaire for children aged 5 to 17.

#### Questions within the domain:

Questionnaire for children aged 2 to 4 years:

**CF1.** Does (*name*) wear glasses?

**CF2.** When wearing his/her glasses, does (*name*) have difficulty seeing?

**CF3.** Does (*name*) have difficulty seeing?

Questionnaire for children aged 5 to 17 years:

**CF1.** Does (*name*) wear glasses or contact lenses?

**CF2.** When wearing his/her glasses, does (*name*) have difficulty seeing?

**CF3.** Does (*name*) have difficulty seeing?

**Considerations for translation:** For question CF2 in the questionnaires for both children aged 2 to 4 years and 5 to 17 years, the question must start with the phrase "When wearing his/her glasses or contact lenses...."

### Hearing

**Domain:** The purpose of the hearing domain is to identify children who have hearing loss or auditory problems of any kind. This includes reduced hearing in one or both ears, the inability to hear in a noisy or quiet environment or to distinguish sounds from different sources. The question is not intended to capture children who can hear the sounds but either do not understand or choose to ignore what is being said to them. Those concepts are captured in the communication domain.

**Rationale:** As was the case for seeing, hearing is evaluated through the use of hearing aids, if these are worn. In locations where hearing aids are rare, the questions on use of hearing aids (CF4 and CF5 for children aged 2 to 4 years and 5 to 17 years) can be omitted. The questions for children aged 2 to 4 years are the same as for children aged 5 to 17 years because processing of the intensity, frequency and temporal characteristics of sound has reached adult levels of functioning by 6 months of age.

#### Questions within the domain:

Questionnaire for children aged 2 to 4 years:

**CF4.** Does (*name*) use a hearing aid?

**CF5.** When using his/her hearing aid, does (*name*) have difficulty hearing sounds like people's voices or music?

**CF6.** Does (*name*) have difficulty hearing sounds like people’s voices or music?

Questionnaire for children aged 5 to 17 years:

**CF4.** Does (*name*) use a hearing aid?

**CF5.** When using his/her hearing aid, does (*name*) have difficulty hearing sounds like people’s voices or music?

**CF6.** Does (*name*) have difficulty hearing sounds like people’s voices or music?

**Considerations for translation:** For question CF5 in the questionnaire for both children aged 2 to 4 years and 5 to 17 years, the question must start with the phrase “When using his/her hearing aid...”

## Mobility

**Domain:** The purpose of this domain is to identify children with varying degrees of gross motor difficulties. Walking is a good measure of gross motor skills because it requires a mix of strength, balance and the ability to control body movements against gravity.

**Rationale:** If the child uses an assistive device, this series of questions captures the child’s ability to walk both with and without his/her equipment. Questions about walking without equipment capture a child’s capacity to walk, while asking about walking with equipment captures walking performance. The questions in the mobility domain for children aged 5 to 17 years differ from those for children aged 2 to 4 years since they include questions that reference short and long distances. The distance questions are not included for young children since they may still be in the process of developing walking endurance and may not be willing to walk longer distances.

For children aged 5 to 17 years, the walking questions are more specific. A clear reference to distance (such as short and long distances) was added. Increasing the specificity is beneficial because it captures more variability in the ability to walk. A child with no difficulty walking a short distance but who is unable to walk longer distances may not be able to walk far enough to attend school. The question on the longer distance is more directly related to the ability to participate in society. By including both distance questions, the results provide a better differentiation in the population of the severity of walking difficulties experienced by children. While respondents may not have accurate knowledge of distances, the use of a

common example for 100 meters/yards (length of a football field) does give the respondent a good idea of the distance of interest. Asking about 100 meters/yards first, followed by the question on 500 meters/yards, gives an indicator of relative size that the respondent can use in forming an answer.

### Questions within the domain:

Questionnaire for children aged 2 to 4 years:

**CF7.** Does (*name*) use any equipment or receive assistance for walking?

**CF8.** Without his/her equipment or assistance, does (*name*) have difficulty walking?

**CF9.** With his/her equipment or assistance, does (*name*) have difficulty walking?

**CF10.** Compared with children of the same age, does (*name*) have difficulty walking?

Questionnaire for children aged 5 to 17 years:

**CF7.** Does (*name*) use any equipment or receive assistance for walking?

**CF8.** Without his/her equipment or assistance, does (*name*) have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Or insert country specific example.]

**CF9.** Without his/her equipment or assistance, does (*name*) have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example.]

**CF10.** With his/her equipment or assistance, does (*name*) have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Or insert country specific example.]

**CF11.** With his/her equipment or assistance, does (*name*) have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example.]

**CF12.** Compared with children of the same age, does (*name*) have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Or insert country specific example.]

**CF13.** Compared with children of the same age, does (*name*) have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example.]

**Considerations for translation:** For questions CF8 and CF9 in the questionnaire for children aged 2 to 4 years and questions CF8, CF9, CF10 and CF11 in the questionnaire for children aged 5 to 17 years, the question must start with the phrase “With/without his/her equipment...”

For question CF10 in the questionnaire for children aged 2 to 4 years, and questions CF12 and CF13 in the questionnaire for children aged 5 to 17 years, the question must start with “Compared with children of the same age...” This clause should come at the beginning of the question and the word “children” should not be translated as ‘peers’ or any other non-age-specific term. This is done in order to standardize the expectations of the respondents by focusing attention on the functioning of their own child in relation to the child’s age.

Depending on the most common unit of measurement in the location where the module will be used, select either 100 meters or 100 yards for questions CF8 to CF13 in the questionnaire for children aged 5 to 17 years. Additionally, in place of “football field”, an example of equivalent distance that is widely understood locally can be used.

### Self-care

**Domain:** This domain identifies children who have difficulty with personal care activities as the result of functional difficulties in other areas, such as cognition. Such difficulty could also be the result of problems with the coordination of small muscle movements in the upper body.

**Rationale:** This question assesses whether the child has difficulty performing self-care tasks. The question specifies feeding and dressing because these represent tasks that occur on a daily basis and are considered basic activities across cultures. There is a great deal of normal variation in the ability of young children to perform self-care tasks, and the expectations may vary significantly by culture. Therefore, the module does not include any questions in the domain of self-care for children aged 2 to 4 years.

#### Questions within the domain:

Questionnaire for children aged 5 to 17 years:

**CF14.** Does (*name*) have difficulty with self-care such as feeding or dressing him/herself?

**Considerations for translation:** It is important not to translate feeding as eating, but to convey that it is the act of being able to eat by him/herself that is being asked about, rather than eating, which might be interpreted as the child having food preferences.

### Fine motor

**Domain:** The purpose of this domain is to identify children with difficulty in the coordination of small muscle movements (that is, fine motor difficulties).

**Rationale:** Picking up small objects (such as a marble, button or small stone) is a good measure of basic fine motor skills because the task requires a mix of grip strength, motor control and dexterity. Fine motor development of children 5 to 17 years of age is captured in the self-care question since both dressing and feeding oneself require such skills. Therefore, the module does not include any questions on fine motor abilities for that age range.

#### Questions within the domain:

Questionnaire for children aged 2 to 4 years:

**CF11.** Compared with children of the same age, does (*name*) have difficulty picking up small objects with his/her hand?

**Considerations for translation:** The question must start with “Compared with children of the same age...” This clause should come at the beginning of the question and the word “children” should not be translated as ‘peers’ or any other non-age-specific term. This is done in order to standardize the expectations of the respondents by focusing attention on the functioning of their own child in relation to the child’s age.

### Communication/comprehension

**Domain:** The purpose of this domain is to identify children who have difficulty exchanging information or ideas with others at home, school or in the community. If a child does not have spoken language and does not have an available accommodation, it will be very difficult for him or her to communicate, particularly outside of the immediate family.

There are two important aspects of communication that are measured in the module: understanding others (receptive communication) and being understood by others (expressive communication).

**Rationale:** For children aged 2 to 4 years, the survey addresses both receptive communication (Does (*name*) have difficulty understanding you?) and expressive communication (When (*name*) speaks, do you have difficulty understanding him/her?). Communication is limited to interaction between the



child and the mother or primary caregiver, including any non-verbal communication. The question on receptive communication does not specify whether the communication is verbal or non-verbal; the question on expressive communication focuses on verbal communication (when the child speaks).

The questions for children aged 5 to 17 years focus only on expressive communication since cognitive testing results showed that the receptive communication questions picked up different constructs (such as, emotions, point of view). It was also determined that this skill was being captured in the hearing and cognition domains.

To address expressive communication for children aged 5 to 17 years, questions determine whether people inside the household can understand the child's speech and whether the child's speech can be understood by people outside the household. Children who are non-verbal or have difficulties with speech may be able to communicate with household members who are attuned to the child's gestures or other non-verbal speech adaptations/mechanisms, but may have difficulty being understood by people with whom they are less familiar. The survey makes this distinction since difficulty communicating with people outside the family can have a significant impact on the child's ability to participate in his/her community.

**Questions within the domain:**

Questionnaire for children aged 2 to 4 years:

**CF12.** Does (*name*) have difficulty understanding you?

**CF13.** When (*name*) speaks, do you have difficulty understanding him/her?

Questionnaire for children aged 5 to 17 years:

**CF15.** When (*name*) speaks, does he/she have difficulty being understood by people inside of this household?

**CF16.** When (*name*) speaks, does he/she have difficulty being understood by people outside of this household?

**Learning**

**Domain:** The questions in this domain identify children with cognitive difficulties that make it hard to learn. All aspects of learning are included. The information or skills learned could be used for school or for play or any other activity.

**Rationale:** This question is the same for both groups of children and is designed to capture the child's ability to learn.

**Questions within the domain:**

Questionnaire for children aged 2 to 4 years:

**CF14.** Compared with children of the same age, does (*name*) have difficulty learning things?

Questionnaire for children aged 5 to 17 years:

**CF17.** Compared with children of the same age, does (*name*) have difficulty learning things?

**Considerations for translation:** The question must start with "Compared with children of the same age..." This clause should come at the beginning of the question, and the word "children" should not be translated as 'peers' or any other non-age-specific term. This is done in order to standardize the expectations of the respondents by focusing attention on the functioning of their own child in relation to the child's age.

**Remembering**

**Domain:** The question refers to the use of memory to recall incidents or events and identifies children with cognitive difficulties. Remembering should not be equated with memorizing.

**Rationale:** The question for school-aged children, 5 to 17 years, is associated with remembering rather than memorizing. This may include remembering new people, songs and games, routines, etc., as well as the kind of learning that traditionally occurs within an academic environment. Questions on remembering are not asked for children 2 to 4 years old since children of that age are frequently unable to remember things from their lives; they are not at a point in their development where such a skill is expected to have been developed.

**Questions within the domain:**

Questionnaire for children aged 5 to 17 years:

**CF18.** Compared with children of the same age, does (*name*) have difficulty remembering things?

**Considerations for translation:** Remembering refers to recall of incidents or events. Remembering should not be translated as 'memorizing', or with specific good or bad memories.

The question must start with "Compared with children of the same age..." This clause should come at the beginning of the question, and the word "children" should not be translated as 'peers' or any other non-age-specific term. This is done in order to standardize the expectations of the respondents by

focusing attention on the functioning of their own child in relation to the child's age.

### Playing

**Domain:** This question is meant to capture difficulty in playing that is related to any functional difficulty. Playing is a complex domain since it involves several functional capacities – from seeing to cognition. It is also heavily influenced by the child's environment.

**Rationale:** Play is recognized to be one of the most important activities for the development of young children. Whether alone or in the company of others, a child's ability to play is a building block to the development of social, emotional, cognitive and physical skills. The module does not include any questions in the domain of play for children aged 5 to 17 years since those skills are captured in the attention and relationship domains.

#### Questions within the domain:

Questionnaire for children aged 2 to 4 years:

**CF15.** Compared with children of the same age, does (*name*) have difficulty playing?

**Considerations for translation:** The question must start with "Compared with children of the same age..." This clause should come at the beginning of the question, and the word "children" should not be translated as 'peers' or any other non-age-specific term. This is done in order to standardize the expectations of the respondents by focusing attention on the functioning of their own child in relation to the child's age.

### Attention and concentrating

**Domain:** The purpose of this question is to identify children with attention difficulties that limit their ability to learn, interact with others and participate in their community. Children with difficulties in attention cannot concentrate on a task, often make careless mistakes, lose interest very quickly, do not listen, and may be disorganized, forgetful and easily distracted. This kind of difficulty is often associated with attention deficit or hyperactivity and is manifest in school as difficulties with reading, calculating or learning new things.

**Rationale:** Toddlers and younger pre-schoolers typically do not have the ability to stay focused for more than a few minutes. As a result, this domain is not measured for children aged 2 to 4 years.

#### Questions within the domain:

Questionnaire for children aged 5 to 17 years:

**CF19.** Does (*name*) have difficulty concentrating on an activity that he/she enjoys doing?

### Coping with change

**Domain:** The purpose of this question is to identify children with cognitive or emotional difficulties that make them very resistant to change. This question is intended to identify those who have significant difficulty transitioning from one activity to another on a consistent basis, and with changes to their routine, to the extent that it undermines their ability to participate in standard childhood activities.

For example, it should capture children who are on the autism spectrum – a disorder that is often characterized by inflexible routines and rituals. This question is not intended to identify children who, at times, can be stubborn.

**Rationale:** For toddlers and younger pre-schoolers, difficulty in understanding and responding to change is part of normal development. Therefore, this domain is not measured for children aged 2 to 4 years.

#### Questions within the domain:

Questionnaire for children aged 5 to 17 years:

**CF20.** Does (*name*) have difficulty accepting changes in his/her routine?

### Controlling behaviour

**Domain:** The purpose of this question is to identify children with behavioural difficulties that limit their ability to interact with other people in an appropriate manner. For young children, this can include kicking, biting and hitting. For older children, this can include telling lies, fighting, bullying, running away from home, or skipping school/playing truant.

**Rationale:** Since all children may express some behavioural difficulties at one time or another, the question is preceded by the phrase "Compared with children of the same age," and the response options capture the degree to which demonstrated behaviour is, according to the mother or primary caregiver, deemed excessive. The question designed to measure the behaviour domain for young children differs from the question for older children since the inability to exhibit self-control is a normal behaviour for young children.

**Questions within the domain:**

Questionnaire for children aged 2 to 4 years:

**CF16.** Compared with children of the same age, how much does (*name*) kick, bite or hit other children or adults?

Questionnaire for children aged 5 to 17 years:

**CF21.** Compared with children of the same age, does (*name*) have difficulty controlling his/her behaviour?

**Considerations for translation:** In some languages there may not be an equivalent to “how much”. In this case, it might be necessary to translate this as ‘how often’, in which case the response options would also need to be revised accordingly, as: never, as often or less often, more often, much more often.

The question must start with “Compared with children of the same age....” This clause should come at the beginning of the question, and the word “children” should not be translated as ‘peers’ or any other non-age-specific term. This is done in order to standardize the expectations of the respondents by focusing attention on the functioning of their own child in relation to the child’s age.

**Relationships**

**Domain:** This domain identifies children who have difficulty socializing with other children, to an extent that it impacts their ability to participate in standard childhood activities.

The ability to form relationships is an important indicator of normal development. Difficulties in this domain may also reflect other functional limitations because the inability to get along may be the result of emotional, behavioural, communication or cognitive difficulties.

**Rationale:** Since toddlers and younger pre-schoolers typically have not formed relationships outside of those with their caregivers and immediate family, this domain is not measured for children aged 2 to 4 years.

**Questions within the domain:**

Questionnaire for children aged 5 to 17 years:

**CF22.** Does (*name*) have difficulty making friends?

**Affect**

**Domain:** These questions attempt to identify children having difficulties expressing and managing emotions. All children have some worries and may feel sad, but when these worries result in the child being restless, tired, inattentive, irritable, tense and having sleep problems, they may interfere with the child’s schooling and social development.

**Rationale:** Emotional difficulties may be manifested by worry, sadness or anxiety or they may be episodic in nature, but frequent enough and significant enough to place the child at a higher risk of dropping out of school, not participating in family or community life, or harming themselves.

These questions are not meant to capture the response to a transitory event such as the anxiety of taking a school entrance exam or a normal grieving process, such as one that accompanies the death of a parent, although such an event could trigger a more pronounced problem with worry or sadness.

The response categories for this domain are different from the previous ones, and reflect the frequency of the emotional difficulty rather than the intensity.

Young children may deal with many of the same emotions as older children, but they often do not have a way to share these feelings with others through either words or actions. Any attempt to ask caregivers about the emotions of toddlers and young children would yield unreliable results. Therefore, this set of questions is not included in the questionnaire for children aged 2 to 4 years.

**Questions within the domain:**

Questionnaire for children aged 5 to 17 years:

**CF23.** How often does (*name*) seem very anxious, nervous or worried?

**CF24.** How often does (*name*) seem very sad or depressed?

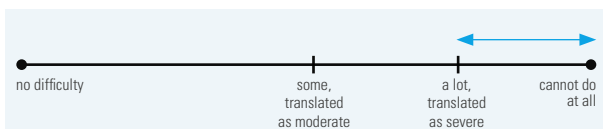
**Considerations for translation:** The word “very” needs to be translated to connote a significant level of intensity of emotion and cannot be removed from the translation.

## Section 4

# RESPONSE CATEGORIES

Translations of questionnaires tend to focus on translating the question stem. While this is important, it is equally important to correctly translate the response categories. This is particularly true in the case of CFM questions that attempt to capture the continuum of functioning. Most questions in the CFM have response options that capture the degree of difficulty (no difficulty, some difficulty, a lot of difficulty, cannot do at all). Improper translation of the answer categories will impact the resulting distribution. “No difficulty” and “cannot do at all” are the extremes of the distribution, anchoring its endpoints, and are clear concepts that are unambiguous and straightforward for translation. “Some difficulty” and “a lot of difficulty” are less definitive. For example, “some” and “a lot” should not be translated using words interpreted as ‘moderate’ and ‘severe’, respectively. The result of such a translation would skew the distribution towards the “cannot do at all” end of the continuum. Therefore, when using the recommended cut-off of “a lot of difficulty” or “cannot do at all,” many of those with difficulties will be missed. The result is that the proportion of the population with a disability (in the 3rd or 4th categories) will be smaller than it would be had the terms been translated appropriately.

Visualizing a poor translation:



The words used to translate “some” and “a lot” should divide the continuum into three relatively equal parts.

Visualizing a correct translation:



The distribution above creates four points equally distributed along the continuum that allows respondents to more easily discriminate among options. The recommended cut-off correctly identifies those with the intended level of difficulties. The translation of “some” and “a lot” should identify the population with the same functional status as that identified by the cognitively tested English version. Whether this has been successful can be determined by cognitively testing the translated questions.

The response categories for the two questions on anxiety and depression are intended to capture frequency (never, a few times a year, monthly, weekly, daily). The translation of “daily” as ‘every day’, “weekly” as ‘every week’, and “monthly” as ‘every month’ are acceptable. However, “weekly” should not be translated as ‘once a week’, or “monthly” as ‘once a month’. The experience of these difficulties may occur any number of times during a week or during a month.



United Nations Children's Fund  
Data and Analytics Section  
Division of Data, Analytics, Planning and Monitoring  
3 United Nations Plaza  
New York, NY 10017, USA

Email: [data@unicef.org](mailto:data@unicef.org)  
Website: [data.unicef.org](http://data.unicef.org)