



ORIGINAL ARTICLE

Portuguese cultural adaptation and validation of the Activities Scale for Kids (ASK)^{☆,☆☆}



Daniela Paixão^{a,*}, Luís Manuel Cavalheiro^{a,b}, Rui Soles Gonçalves^{a,b}, Pedro Lopes Ferreira^{b,c}

^a Polytechnic Institute of Coimbra, Coimbra Health School, Coimbra, Portugal

^b Centre for Health Studies & Research, University of Coimbra, Coimbra, Portugal

^c School of Economics, University of Coimbra, Coimbra, Portugal

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KEYWORDS

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Disability;
Performance;
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Abstract

Objectives: The main purpose of the current study was to perform the cross cultural adaptation and validation of the Activities Scale for Kids (ASK) both in its capability and performance versions to the European Portuguese language so it can be used in Portugal by healthcare professionals in children from 5 to 15 years of age with functional disabilities related to specific health conditions.

Methods: The cross-cultural adaptation of ASK followed the classic sequential methodology for linguistic equivalence. To test its validity, internal consistency, and reproducibility, the Portuguese version of ASK was administered together with the KINDL Questionnaire (KINDL) to 88 children (10 ± 3 years of age) with functional limitations. The test–retest study was conducted two weeks apart.

Results: After obtaining the semantic and content validity, the Portuguese version of ASK demonstrated good levels of reproducibility (performance: intraclass correlation coefficient [ICC] = 0.99; capability: ICC = 0.98) and internal consistency (performance: α = 0.98; capability: α = 0.97). The correlations between ASK and KINDL were positive and moderate.

Conclusions: The Portuguese version of ASK showed acceptable levels of validity, internal consistency, and reproducibility; the authors recommend its use in clinical settings.

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^{☆☆} Study conducted at Polytechnic Institute of Coimbra, Coimbra Health School, Coimbra, Portugal.

* Corresponding author.

E-mail: danielapaixaomartins@gmail.com (D. Paixão).

PALAVRAS-CHAVE

Criança;
Deficiência;
Desempenho;
Capacidade;
Medidas dos
resultados

Adaptação à cultura portuguesa e validação da Escala de Atividades para Crianças (ASK)**Resumo**

Objetivos: O principal objetivo deste estudo foi realizar a adaptação transcultural para o português europeu e a validação das versões de capacidade e desempenho da *Escala de Atividades para Crianças (Activity Scale for Kids (ASK))*, de forma que possa ser utilizada em Portugal por profissionais da saúde com crianças de 5 a 15 anos de idade com deficiências funcionais relacionadas a doenças específicas.

Métodos: A adaptação transcultural da ASK seguiu a metodologia sequencial clássica para obter equivalência linguística. Para testar sua validade, coerência interna e reprodutibilidade, a versão em português da ASK foi administrada juntamente com o Questionário KINDL (KINDL) em 88 crianças (10 ± 3 anos de idade) com limitações funcionais. O estudo de teste-reteste foi realizado com um intervalo de duas semanas.

Resultados: Após obter a validade semântica e de conteúdo, a versão em português da ASK demonstrou bons níveis de reprodutibilidade (desempenho: coeficiente de correlação intraclassa (CCI)=0,99; capacidade: CCI=0,98) e coerência interna (desempenho: $\alpha=0,98$; capacidade: $\alpha=0,97$). As correlações entre a ASK e o KINDL foram positivas e moderadas.

Conclusões: A versão em português da ASK apresentou níveis aceitáveis de validade, coerência interna e reprodutibilidade, e recomendamos seu uso em ambientes clínicos.

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Introduction

The World Health Organization estimated that 15% of the world population lives with disabilities.¹ Therefore, measuring disability is essential for developing programs and policies to promote the integration and participation of these individuals.¹ Similarly, to assess the effectiveness of healthcare interventions, it is necessary to quantify the impact of functional limitations on activity and participation of the individuals.²

Despite the efforts and the published studies, no measurement instrument covered all components of functionality.^{3,4} Recently, several outcome measures have been developed specifically for children with disabilities⁵; however, few are adapted for the Portuguese culture.

The Activity Scale for Kids (ASK) is a specific measure for the pediatric population, intended to assess the degree of disability in children aged 5–15 years with functional limitations, within a wide range of health conditions. Moreover, this measure has been shown to have good psychometric properties and significant clinical utility.^{2,5} Its clinical utility is important, being a valid measure with correlation values between 0.82 (ASK–Performance [ASKp]) and 0.85 (ASK–Capability [ASKc]) with the Childhood Health Assessment Questionnaire – CHAQ. It presents good reproducibility values at 2 weeks (ICC=0.97 for ASKp and ICC=0.98 for ASKc) and a Cronbach alpha value of 0.99. It was also shown to be able to discriminate among different levels of disability.⁶ It has been widely referenced in the literature.^{7–19}

One of the few child outcome measures adapted for the Portuguese culture is the KINDL questionnaire. It is a generic instrument conceived to measure quality of life of sick or healthy children and adolescents, from 4 to 17 years of age.

It is available to be used in three age groups (4–6, 7–13, and 14–17) and has five versions, depending on the age of the respondent and the information source (children or parents version).²⁰

The Portuguese version of KINDL was shown to be semantically equivalent to the original measure; it offers good levels of reliability and acceptable levels of validity.²⁰

The main objective of this study was to culturally adapt the ASKc and ASKp modules to European Portuguese and to evaluate their validity and reliability.

Methods**The present study proceeded in two phases**

The first phase followed the sequential approach, commonly used in these type of studies to obtain a linguistically equivalent version.^{9,21,22} It includes the authorization given by the author of the original instrument² and its adaptation for European Portuguese language and culture.

A formal permission for the cross-cultural adaptation to Portuguese was obtained from Nancy Young, the developer of ASK. This process was performed according to the stages guideline used in self-report measures.⁶

- Forward translation. The original version of ASK was translated into Portuguese by two independent Portuguese translators fluent in English.
- Consensus version. A panel composed by three experts from the Center for Health Studies and Research of the University of Coimbra developed a consensus version from both translations (first preliminary version). This synthesis process was documented in a written report.

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