



## **HPR guidelines for rapid adaptation review**

To help preserve equivalence between the original paper questionnaire and the electronic adaptation, you will need to send the adaptation you produce to Charlie Gilbride ([cjg@healthpsychologyresearch.com](mailto:cjg@healthpsychologyresearch.com)) for review. You can enable access via a link (so the reviewer can complete the questionnaire as a participant would) or via screenshots. Please send a link, if possible. **Also, if sending a link, please just provide access to the adapted HPR questionnaire or enable skipping over other parts of your electronic study (e.g. sociodemographic questionnaire).**

If the adaptation meets our basic requirements (see below), then the adaptation will probably be approved immediately, and you can use it in your study. However, please be aware that passing the adaptation review is no guarantee of equivalence. The only means to establish equivalence is to measure the psychometric properties of the questionnaire using data you collect with the adaptation and compare your findings to the psychometric properties reported previously for the original questionnaire.

If you have received an electronic version (e-version) questionnaire – and particularly if you are using a treatment satisfaction questionnaire – please refer to the “Licensed e-version” section below.

Immediately below is a brief list of HPR’s essential requirements for electronic adaptations. Please adhere to these guidelines to increase the chances of your adaptation passing adaptation review quickly, and reduce the risk that the adaption is not psychometrically equivalent to the original questionnaire:

### **1. Keep Guidance Statements / Instructions the same**

- These are an integral part of the questionnaire and should be included as much as the items themselves. Some changes may be necessary – see point 4 and the section entitled “E-version wording...quality of life questionnaires” below.

### **2. Keep Copyright information**

- The copyright information must be included, but it should be in smaller font so that it does not catch the eye of someone who is not looking for it.
- Ideally, it should be presented at the bottom of each page/view.
- The full copyright statement can be presented on the first page with the questionnaire title and then a shortened copyright statement such as ‘DTSQs © Prof Clare Bradley’ can be used on all subsequent pages.

### **3. Keep all Response Options the same and in the same order**

- If the response options are arranged left to right, all integers from ‘6’ to ‘0’, then this is what should appear in any adapted version.
- All response option text should be clearly visible.
- In some cases, it may be necessary to change horizontal alignment of the scales to vertical alignment (see next section for further guidance), but it is essential that the number of options available does not change.



#### 4. Change wording as appropriate for the electronic format

- Slight changes in the wording might be needed for the questionnaire to make sense in the context of its new format.
  - For example, ‘Please put a ‘X’...’ or ‘Please... by circling...’, should be changed to ‘Please select...’ or ‘Please...by selecting...’.\*
  - Make sure this is implemented for all language versions, if applicable.

#### 5. Do not add unnecessary words or characters

- Keep the appearance and layout the same as the original version of the questionnaire as much as possible.
- Please do not mix HPR questionnaire content with your own.

#### 6. Keep font formatting the same

- If there are words underlined or in **bold** etc in the original, then they should be rendered the same in the adaptation.

#### 7. Participants need to have the option NOT to respond

- It is often the case that electronic questionnaires have mandatory fields, which mean participants do not have the option not to respond.
- We suggest the following options for enabling participants not to respond if that is their preference (without losing the benefit of avoiding accidentally missed responses):
  - 1) Make all responses for HPR questionnaires optional (i.e. enable participants to submit their digital form having left some items in the HPR questionnaires unanswered). HPR questionnaires have good face validity, which makes missing responses far less likely and therefore far less problematic.
  - 2) Make all responses mandatory but include an additional response option for each item with the label “Prefer not to respond”\*.
  - 3) If the form-building tool enables this, we encourage you to consider prompting participants to complete items with missing responses when they press “next page” or “submit”, but it is essential that the form allows them the option to submit an incomplete questionnaire if they choose to. This option avoids the need for a “Prefer not to respond” response option.

\* If you have been licensed an e-version, then this wording will appear in the copy of the questionnaire you have access to. Please see the section entitled “Licensed e-version” for more information.

#### Horizontal to vertical alignment of response options

Optimal presentation of horizontal response options may not be possible if respondents are using smartphones or other small-screen devices to complete the questionnaire. In the RetTSQ, the 7-point Likert scale used in all treatment satisfaction questionnaires licensed by HPR has been changed to have a vertical alignment. This seems to take up less screen space because ‘6’ and ‘0’ are in-line with the scale text ‘very satisfied’ and ‘very dissatisfied’ respectively. Item 1 from the RetTSQ is displayed as an example below (see Figure 1). If you believe it will be



beneficial, you are encouraged to adopt this style for a TSQ adaptation you are carrying out or otherwise use it as general guidance if you are adapting another type of HPR questionnaire.

<b>1.</b>	<b>How satisfied are you with the treatment for your diabetic eye problems?</b>	
	• <b>very satisfied</b> .....	6 <input type="checkbox"/>
	• .....	5 <input type="checkbox"/>
	• .....	4 <input type="checkbox"/>
	• .....	3 <input type="checkbox"/>
	• .....	2 <input type="checkbox"/>
	• .....	1 <input type="checkbox"/>
	• <b>very dissatisfied</b> .....	0 <input type="checkbox"/>
	• <b>prefer not to respond</b> .....	<input type="checkbox"/>

Figure 1: vertical alignment of response options from item 1 in the RetTSQ © Clare Bradley

### E-version wording for condition dependent quality of life questionnaires

Some questionnaires require only very minor changes to the wording to make them suitable for electronic administration (e.g., a single word substitution of ‘selecting’ instead of ‘circling’). However, parts of the condition dependent quality of life questionnaires such as the Audit of Diabetes Dependent Quality of Life (ADDQoL) questionnaire need more work. HPR has developed alternative wording for an e-version of the English ADDQoL. If you would like to use an e-version of the ADDQoL questionnaire but have only the original wording intended for pen-and-paper administration, then you can use the alternative wording shown in track changes in the screenshots below (Figure 2).



## | ADDQoL

A)

This questionnaire asks about your quality of life – in other words how good or bad you feel your life to be.

For each item, please put an “X” in the box select the response that best describes how you feel indicates your response for each item.

What we would like to know is how you feel about your life now.

B)

Please respond to the more specific statements on the following pages that follow. For each aspect of life described, you will find two parts:

For Part (a): put an “X” in one box select a response to show how diabetes affects this aspect of your life;

For Part (b): put an “X” in one box select a response to show how important this aspect of your life is to your quality of life.

Figure 2: Electronic wording for the ADDQoL.

A) *Modifications to the instructions preceding the first overview item.*

B) *Modifications to the instructions immediately after the second overview item.*

Note that these are not all the modifications required for the ADDQoL. Please read this document carefully to understand fully what changes may be needed for electronic versions.

If you are administering the ADDQoL in another language of which you are a native speaker, then you can translate the new wording yourself. We strongly recommend that you first check with HPR if the new wording is already available (please see the languages available lists at <https://healthpsychologyresearch.com/languages-available/>). If it is not available and you are confident about translating the new wording yourself, then we strongly recommend you pilot test the translated new wording with a small number of patients. In the pilot test, the participants should be asked if they perceive any difference in meaning between the electronic version and the original version of the ADDQoL.

If you are using another type of -DQoL questionnaire licensed by HPR (e.g. MacDQoL, RetDQoL), the extent of the changes required may be slightly different. Nevertheless, the ADDQoL example may be helpful in these other cases until electronic versions of all -DQoL questionnaires are fully developed.



## Licensed e-version

HPR is updating the questionnaire library to include versions that have text which is modified to be appropriate for electronic administration. We refer to these as e-version questionnaires. Please be aware that it is not necessary for the final adaptation to replicate the e-version format exactly. The format is given only as an example that would pass the adaptation review easily.

Furthermore, if you have been licensed an e-version treatment satisfaction questionnaire in a language other than English, then radio buttons may not appear beneath the numbered response options. These have been left out simply to facilitate the production of usable other language e-versions. When reviewing these other language e-versions, the questionnaire is complete if the reader sees the numbers as buttons or imagines that radio buttons are present beneath the numbers as shown in Figure 3A.

### A)

1. How satisfied are you with your aneurysm treatment (including monitoring)?									
very satisfied	6	5	4	3	2	1	0	very dissatisfied	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/> prefer not to respond									

### B)

1. Fins a quin punt està satisfet/a amb el tractament del seu aneurisma (incloses les visites preoperatòries i de control)?									
molt satisfet/a	6	5	4	3	2	1	0	molt insatisfet/a	
<input type="radio"/> prefereixo no respondre									

Figure 3: Item 1 from the AneurysmTSQ UK English (A) and Catalan (B) language versions in e-version format. GB-AneurysmTSQ has radio buttons inserted below the numbers in the scale whereas CAT-AneurysmTSQ does not.