



SUMMARY

Development and translation of an ICF-based questionnaire describing the overall state of health and the rehabilitation needs of people with chronic conditions

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SUMMARY

Development and translation of an ICF-based questionnaire describing the overall state of health and the rehabilitation needs of people with chronic conditions

In 2011, the Municipality of Esbjerg drafted the "Initial Consultation Guide for people with Chronic Conditions". The guide was prepared on the basis of the ICF (International Classification of Functioning and Disability) and was met with great interest all over Denmark.

The Municipality of Esbjerg continued to work on the concept, and in 2013 contacted MarselisborgCentret to enable a research-based upgrading and development of the original guide.

It was agreed to develop an ICF-based tool for describing the overall state of health and rehabilitation needs of patients and citizens whose health is affected by one or more chronic conditions and who are in contact with the municipal rehabilitation services, including individuals with e.g. cancer and musculoskeletal problems.

The tool (ICF Brief Code Set 2013) was prepared by two expert panels of health professionals from different municipalities and regions using a structured process (Delphi technique):

1. A panel of experts selected ICF categories that corresponded to the typical problems of the target group, thereby producing a so-called Comprehensive Code Set.
2. A new panel of experts selected ICF categories corresponding to the main problems of the target group, thereby producing a so-called Brief Code Set.
3. For the visualisation of the Brief Code Set, a "Consultation Wheel" was used in which ICF categories were divided into topics with maps illustrating a subject. The questionnaire and Consultation Wheel were pilot tested on the target audience. A focus group interview was conducted to gather experience from professionals on their use of the questionnaire and the Consultation Wheel.

The pilot test showed that the Brief Code Set, visualised through use of the Consultation Wheel, was suitable and adequate in relation to the issues of the target group (For notes on ICF tool see Melchiorson H., Maribo T., Terkelsen S. 2013; Melchiorson H., Maribo T., Terkelsen S., Jürgensen B.B. 2014).

The questionnaire (and the Consultation Wheel) has since been used by the Municipality of Esbjerg as well as by several other Danish municipalities. The questionnaire has attracted international attention. E.g. from Maak de Burger Meester, a Dutch organization working within the field of rehabilitation. Due to the international attention it was decided to translate the questionnaire into Dutch and English. The Dutch version is developed in cooperation with Maak de Burger Meester.

The translation process was handled by DEFACTUM at MarselisborgCentret according to the following procedure:

1. The 30 questions from the questionnaire were translated from Danish into Dutch / English by two independent translators (at least one of them was a professional translator or had Dutch / English as their native tongue).
2. A third person with detailed knowledge of the ICF compared the two translations and prepared a consensus version.
3. An ICF expert assessed the quality of the consensus version and assisted in the preparation of a final version.

In the translation process, the questions were examined critically, which resulted in some adjustments to the wording of questions 1.e, 2.c, 2.d, 2.h and 3.a¹.

There was also concern about question 4. d. "I feel I have good support from the public services (municipality/hospital)." The concern was in regard to the fact that in an American setting, it will often be private rather than public institutions which provide services. It was decided to maintain the wording as it makes sense in a European context, but it is an important point to be aware of.

On the next pages, the questionnaire is shown in the edited 2016 version, ICF Brief Code Set- Chronic Conditions 2013 version 2016 (abbreviated: ICF BCS-CC 2013 ver. 2016).

Download the Danish, English and Dutch versions of the questionnaire:

<http://www.marselisborgcentret.dk/icf/>

<http://dinsundhed.esbjergkommune.dk/>

Download the Dutch version: <http://www.maakdeburgermeester.com/>

¹ Former wording of questions:

1. e: "I experience being conscious of my perception of myself (identity, body, outer appearance, reality, periods of time)"
- 2.c: "I have no trouble performing simple and complex and coordinated actions for planning, control and carrying out of daily recurring routines and obligations"
- 2.d: "I have no problems with domestic and everyday actions and tasks, such as shopping, cooking, laundry, cleaning, etc."
- 2.h: "I have no difficulty using public transport bus, train, etc."
- 3.a: "I participate actively in groups and activities, for example in sports, religion, politics and community life"

Please rate on the scale from 0 to 10 how much you agree with each statement.

You may only select one number. Example:

0	1	2	3	4	5	6	X	8	9	10
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Body and energy

	Strongly disagree										Strongly agree										Not applicable	Do not know		
^{1.a} I react appropriately in different situations (agreeably, conscientiously, confidently, reliably, open to experiences etc.)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.b} I feel full of energy	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.c} I sleep well at night	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.d} I am in control of my emotions – generally, but also in contact with other people	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.e} I feel conscious of myself (identity, body, appearance, and in relation to reality, time and space)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.f} I have no problem controlling my bladder and no post-voiding drip	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.g} I feel no pain or discomfort	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.h} I have a good physical endurance	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.i} I have no sensations related to heart and lung problems (feeling of tightness in the chest, palpitations, irregular heartbeat, shortness of breath)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.j} I am able to maintain an appropriate body weight	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.k} My sexual function is optimal	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
^{1.l} I have a good muscle strength	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>

[1]

Activities of daily life

	Strongly disagree										Strongly agree										Not applicable	Do not know		
2.a I find it easy to learn new things	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2.b I find it easy to make decisions	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2.c I have no problem planning, managing and completing daily routines and duties	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2.d I have no problem performing domestic and everyday activities and chores, (shopping, cooking, laundry, cleaning, etc.)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2.e I can handle stressful situations in everyday life	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2.f I have no problem lifting or carrying groceries	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2.g I have no problem moving around, walking, bicycling, driving or moving around in different locations	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2.h I have no problem using public transport (bus, train, etc.)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>

Social life and work

	Strongly disagree										Strongly agree										Not applicable	Do not know		
3.a I participate actively in community life and activities (in e.g. sports, religion, politics and clubs)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
3.b I have no problem doing my job (paid or unpaid) including planning, performing, being on time, collaborating etc.	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>

Support and contact and other environmental factors

	Strongly disagree											Strongly agree	Not applicable	Do not know
4.a I do not take medicine, I am not on a special diet and I do not need aid devices	0	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>	<input type="checkbox"/>
4.b I feel I have good support from my closest relatives (family and friends)	0	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>	<input type="checkbox"/>
4.c I feel I have good support from my doctor	0	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>	<input type="checkbox"/>
4.d I feel I have good support from the public services (municipality / hospital)	0	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>	<input type="checkbox"/>

Lifestyle and well-being

	Strongly disagree											Strongly agree	Not applicable	Do not know
5.a I am good at taking care of my own health, including proper diet and exercise, and ensuring my physical well-being	0	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>	<input type="checkbox"/>
5.b I am good at interacting with other people	0	1	2	3	4	5	6	7	8	9	10		<input type="checkbox"/>	<input type="checkbox"/>

Personal factors

5.c Which of your habits and life experiences, your lifestyle and behavior may affect your current situation?

5.d What are your wishes for the future?

