

Measuring functional health status with the

COOP/WONCA Charts

A manual

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Introduction

The large increase in the number of social science studies addressing health-care related subjects has led to the development of numerous instruments for measuring concepts like health, social support, functional status, and quality of life. However, the wide range of instruments that has become available, presents researchers with several problems. In the first place, the lack of information on the psychometric properties of some instruments makes it difficult to assess the quality of a questionnaire. Furthermore, it is not always clear to what extent a (theoretical) domain is covered by the existing instruments. Uncertainty about the comparability of questionnaires hampers comparison of results across studies. The task researchers face whenever they have to select an appropriate measuring instrument can be quite daunting.

Additional confusion is created by the many different versions that exist of some questionnaires. It may prove hard to ascertain which version is the original one, and which versions are adaptations, made intentionally or not, of the original questionnaire.

Researchers of the Northern Centre for Health Care Research (NCH) frequently encounter the above problems at the start of a new study. In order to help them resolve these problems the NCH has decided to publish a series of manuals on the measuring instruments used in NCH research. Some of the instruments have been developed by the NCH, others are existing instruments. The objective pursued by publishing the series is threefold. *Firstly*, the manuals provide information, e.g. instructions on how the questionnaires should be scored, and descriptions of the basic psychometric properties of the instruments. *Secondly*, the series aims to stimulate utilization of particular instruments, preferably identical versions of them, thus facilitating comparison of the results of different studies. *Thirdly*, the series will enable researchers who wish to use a different instrument, or who decide to develop a new one, to make a well-considered choice.

As the instruments included in the series are being used in new studies, additional information will continuously be generated, e.g. concerning validity and reliability, or the development of standard scores. Furthermore, an instrument may need to be adapted to new insights. The users of the series will be kept informed of any new developments pertaining to the instruments. Whenever important supplementary information emerges, a revised edition will be published.

Finally, users should take notice of the following. Several rules, which may vary from instrument to instrument, should be observed when using the instruments presented in the series. We request you to carefully read the 'Permission for use of the COOP/WONCA charts' on page 22.

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Introduction

The last decennia, the interest in questionnaires that evaluate the health or functional status of subjects and that measure the health outcome of patients after an intervention is growing. The classic outcome parameters, mortality and morbidity, do not discriminate enough anymore and the consequences of diseases as classified by the International Classification of Impairments, Disabilities and Handicaps are too much doctor centered. Functional status and quality of life represent the perspective of patients better, particularly in the case of patients with chronic diseases, whose number is growing (VanderZee et al., 1995).

Above that, the improvement of well-being is an important goal of primary care; and a number of studies suggest that subjective evaluations of health may be better predictors of mortality than the severity of health problems as diagnosed by doctors or by individuals themselves (Idler & Kasl, 1991). As a consequence, the interest in instruments to assess health status, functional status and health related quality of life is increasing all over the world. Many instruments, questionnaires and check lists are available both to discriminate at one point in time between individuals with different characteristics or between patients with one or more diseases, and for evaluative purposes for follow-up of individuals or patients over time (Gyatt, 1994).

In daily practice, however, long questionnaires with good psychometric characteristics cannot be used. In that case, the COOP/WONCA charts with one item per domain are a feasible alternative to start with.

The Dutch data were kindly provided by Frank Beltman and Karen van der Zee. The editors of the Northern Centre for Health Care Research, Robbert Sanderma and Eric van Sonderen were very helpful in producing this manual, while the support of the World Organization of Family Doctors (WONCA) and the European Research Group on Health Outcomes (ERGHO) was indispensable. We like to thank them all.

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1 Functional status measurement with the COOP/WONCA charts

To measure health status, functional status or health related quality of life, a large number of questionnaires has been developed and used all over the world (Bowling, 1992; Bowling, 1995; König-Zahn et al., 1994; Stewart et al., 1992, Wilkin et al., 1992). In some cases, instruments are used only once without preliminary testing of validity, reliability and responsiveness to change over time. Instruments of proven reliability and validity in one country are often not properly translated, resulting in cross cultural problems.

Functional status in the perception of the World Organization of General Practice/Family Physicians (WONCA) represents the level of actual performance or capacity to perform, both in the sense of self-care or being able to fulfill a task or role at a given moment or during a given period. Function refers to the ability of a person to cope with and adapt to the changing elements in his or her individual environment, and to perform certain tasks to a measurable degree (WONCA Classification Committee, 1990).

Functional status is an aspect of health that, in turn, is an aspect of quality of life. The World Health Organization's definition of health as 'a state of complete physical, psychological, and social well-being and not merely the absence of disease' is not an operational concept. Functional status is.

Kickbush defines health as 'the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and, on the other hand, to change and cope with the environment' (Kickbush, 1986). Using this definition, the concepts of health and functional status begin to approach one another. To assess functional status, the limitations of several aspects of function are assessed both subjectively by the patient and objectively by the provider over a period of time. The interest in functional status and functional assessment, especially in the elderly, is growing.

Most authors distinguish three domains in functional status: physical, mental and social. However, Ware et al. question if social functioning is a separate domain or a 'confounding factor' that influences physical and mental functioning (Ware et al., 1981; Stewart et al., 1992).

The lacking correlations between results obtained by questionnaires and objective findings gathered with all kind of examinations, e.g. lungfunction, ECG, CT-scans are often disturbing. However, in our opinion, this indicates that a different kind of information is collected with different instruments. If the correlations were perfect, either the questionnaires or the objective examinations could be skipped.

Many instruments with proven validity and reliability are not suitable for use in daily practice, because the questionnaires are too long, too difficult or too complicated. Until now, little has been published about the following feasible strategy in general practice: start with an easy, short instrument and if positive answers are collected, proceed with a longer, more sophisticated instrument to get more precise information.

The COOP charts were published after the WONCA-classification committee in 1988 decided to give priority to the development of an easy, feasible, valid and reliable instrument for use in face-to-face contacts in daily practice.

However, from the beginning, the COOP/WONCA charts have also been used as self-administered questionnaire.

Originally, four global questions about the personal judgment of physical and psychological functioning were tested, respectively 'during the last month' and 'today' (Nelson et al., 1983). Thereafter Nelson added illustrations (Nelson et al., 1987). These COOP function charts were translated and field tested in The Netherlands (Meyboom-de Jong, 1989). Based among others on these elaborate data, collected among 5500 elderly and 300 referred patients, some changes were carried through by the WONCA classification and research committees: the name of two charts was changed (physical status to physical fitness, psychological status to feelings); the chart 'overall health' was added; the illustrations were changed; the time frame was changed from four weeks to two weeks; the duration of time during which mental problems were perceived was changed to the amount of mental health problems perceived, and the scale concerning physical function was changed so that more differentiation in severe limitations could be assessed.

The new version was approved by the original author, Eugene Nelson, and called the Dartmouth COOP Functional Health Assessment Charts/WONCA, abbreviated the COOP/WONCA charts (Scholten & Van Weel, 1992).

In this manual a description of the COOP/WONCA charts is given. They cover the domains: physical (fitness and daily activities), mental (emotions), social (social contacts), and above that general health and change in health status. This publication includes the following aspects of the COOP/WONCA charts: instructions how to use and analyse them, a brief overview of the psychometric properties, reliability, validity and responsiveness to change, and the criteria for translation. If no data were available concerning the recent COOP/WONCA charts, data on the first version are presented, because it can be assumed that the recent and the first versions will not much differ, given the similarities of the two versions.

The term COOP function charts is used for the first version, the term COOP/WONCA charts for the recent version approved by WONCA.

The bibliography completed until the end of 1994, and the available translations in 20 languages are added in appendix A and B, respectively.

On behalf of the World Organization of Family Doctors (WONCA) and the European Working Group on Health Outcome Measurement (ERGHO), we recommend the use of the COOP/WONCA charts together with other questionnaires to obtain a worldwide knowledge of functional status of individuals and patients.

2 Description of the COOP/WONCA-charts, officially the Dartmouth COOP Functional Health Assessment Charts/WONCA

2.1 Content of the charts and instructions for use

The COOP/WONCA charts measure six core aspects of functional status: **physical fitness, feelings, daily activities, social activities, change in health and overall health**. In addition, **pain** can be included as an optional aspect. The development of measurement of **sleep** is currently in progress.

The instrument consists of six charts, referring to the above mentioned aspects of functioning. Each chart consists of a simple title, a question referring to the status of the patient and an ordinal five-point response scale illustrated with a simple drawing. Each item is rated on this five-point ordinal scale ranging from 1 ('no limitation at all') to 5 ('severely limited'); for 'change in health' score 1 means 'much better' and score 5 'much worse'. The reference period is two weeks.

Originally, Nelson choose to illustrate the questions by pictures to make the charts more appealing and attractive to patients in consulting rooms, where the charts were hanging on the wall (Nelson et al., 1987). The drawings have facilitated the use in populations with a high degree of illiteracy.

The COOP/WONCA charts reflect the patients' assessment of his/her functional capacity at the given time. Therefore, it is most appropriate to have the patients themselves answer the questions. In case the patient cannot complete the charts, it is possible to use a proxy or a provider of health care who knows the patient well. In reports and publications this should be properly described. Concerning the COOP function charts, the agreement between 21 GPs and their 5000 elderly patients in total, measured by kappa, varied: for physical fitness kappa was .85, for emotions .77, for daily activities .81, for social contacts .80 and for change in health .73 (Meyboom-de Jong, 1989).

Acceptability, assessed in patients, physicians and office staff showed to be high.

The average time for completion is less than five minutes (Scholten & Van Weel, 1992) and this, with the support of drawings, enhances its use.

2.2 Presentation of results

Each question is a single-item measurement of an aspect of functional status. It provides an indicator of functional status, and the scores are ordinal. Until now, it was advised to apply mainly descriptive statistics, e.g. not to compute means with standard deviations or to use other statistical measures, but to give frequencies per response category, because the WONCA/COOP charts have ordinal scales and no interval scales (Scholten & Van Weel, 1992). However, from the beginning, the COOP/WONCA scales were used as interval scales, since correlations were calculated and multitrait multimethods analyses were performed. Apparently, it is allowed to treat the scales as interval scales (Velleman & Wilkinson, 1993).

It was also advised not to further aggregate the item scores into one index. Further research in this respect is necessary.

2.3 Available versions

The COOP/WONCA charts are available for use in research and patient care. In publishing results, authors should refer to the original work of the Dartmouth COOP group (Nelson et al. 1987) in developing the charts and the work of the WONCA (Scholten & Van Weel, 1992) on the current COOP/WONCA charts. In addition, when a translation from English has been used, this translated version should be acknowledged as well.

The COOP/WONCA charts have been translated into: Arabic*, Chinese, Danish, Dutch, Finnish, French, German, Hebrew, Italian, Japanese, Korean, Norwegian, Portuguese, Spanish (Catalan, Castilian, Gallego), Slovak, Swedish and Urdu.

(* regretfully not available in this manual.)

3 Study populations, descriptive data

In this manual, we present information based on two recent studies done in The Netherlands, but not published in English, until now. The data were collected in a community survey in Emmen and during a screening on hypertension in Achtkarspelen.

In **Emmen**, a rural town in the northern region of the Netherlands, a community survey was performed to assess the health status of the population and to compare a set of questionnaires. A self-administered questionnaire was sent to a random sample of the community. The health status questionnaire was composed of the COOP/WONCA charts, the Nottingham Health Profile, the Rand-36 and the General Health Questionnaire (GHQ) together with a list of chronic diseases.

The questionnaire was returned by 149 persons (response 51%; 47% women; mean age 43.4 years, range 18-79).

In table 1, the data on the respondents of 65 years and older (n=26) were left out.

In **Achtkarspelen**, a rural community in the northern province Friesland of the Netherlands, a hypertension screening was performed (Beltman et al., 1995). All inhabitants from 25 years and older got an invitation to attend; in addition, a self-administered questionnaire was sent to all individuals of 60 years and older to collect information on their functional status. This questionnaire was composed of the COOP/WONCA charts, the Rand-36 and a list with 13 chronic diseases.

The questionnaire was returned by 2775 of the 4070 individuals (response 68%; 56% women; mean age 69.6 years, range 60-96).

The response varied by age, from 77% in the age group of 60-64 years to 16% in the age group of 85 years and older. No data on social economic status, living situation or housing were collected. Patients in nursing homes were excluded. Since the respondents had to travel on their own to the screening, they are supposed to be a relatively healthy selection of the population. However, 65% of the respondents

indicated that they suffered from one or more chronic diseases.

In table 1, the data on the respondents (n=866) younger than 65 years were left out.

Table 1 shows the response frequencies for the different charts per age group and the means and standard-deviations for each chart and for the different age groups. The age group of 65 years and older from Emmen and the age group younger than 65 years from Achtkarspelen were left out.

The influence of age on decrease in physical fitness and overall health is most striking. In the other domains, e.g. feelings, daily activities and social activities, the differences between the age groups under and over 65 years are notable, but there was an adverse effect of age in the age groups younger than 65 years. The percentage individuals with lower, that is better scores, in the age-groups 18-24 and 25-44 was lower than in the age group 45-64. These data need cautious interpretation, because the low number of respondents, particularly in the age group 18-24. The differences between the age groups 25-44 and 44-65 are small. Concerning 'change' the percentage individuals that improve decreases with age, and the percentage that stay about the same increases until 45-65 years and decreases thereafter.

Tabel 1

Distribution of scale scores in different age groups from two studies (frequencies per age group)

	Emmen			Achtkarspelen	
	18-24 (n=17)	25-44 (n=68)	45-64 (n=38)	65-74 (n=1254)	75+ (n=655)
<i>physical fitness</i>	%	%	%	%	%
very heavy	88	48	32	10	5
heavy	-	30	24	12	6
moderate	6	16	35	29	17
light	-	5	5	36	43
very light	6	2	3	13	29
<i>feelings</i>					
bothered by					
not at all	41	53	63	59	53
slightly	35	30	29	25	26
moderately	12	14	8	11	16
quite a bit	12	3	-	4	5
extremely	-	-	-	1	1
<i>daily activities</i>					
no difficulty at all	65	70	71	58	43
a little bit diffic.	18	21	16	17	20
some difficulty	6	8	11	17	22
much difficulty	6	2	3	6	9
could not do	6	-	-	3	6
<i>social activities</i>					
not at all	65	73	76	70	61
slightly	12	17	13	14	17
moderately	18	6	5	9	9
quite a bit	6	5	5	4	7
extremely	-	-	-	2	5
<i>change in health</i>					
much better	24	7	-	3	2
a little better	6	6	-	5	4
about the same	70	79	92	88	88
a little worse	-	7	8	3	5
much worse	-	-	1	1	1
<i>overall health</i>					
excellent	41	33	11	9	8
very good	24	22	16	16	16
good	18	33	53	52	49
fair	18	12	21	19	26
poor	-	-	-	1	2
Mean and (standarddeviation) per age-group					
	18-24	25-44	45-64	65-74	75+
physical fitness	1.4 (1.1)	1.8 (1.0)	2.2 (1.1)	3.3 (1.2)	3.8 (1.1)
feelings	1.9 (1.0)	1.7 (.8)	1.5 (.7)	1.6 (.9)	1.8 (1.0)
daily activities	1.7 (1.2)	1.4 (.7)	1.5 (.8)	1.8 (1.1)	2.2 (1.2)
social activities	1.7 (1.0)	1.4 (.8)	1.4 (.8)	1.5 (.9)	1.8 (1.2)
change in health	2.5 (.9)	2.9 (.7)	3.1 (.3)	2.9 (.9)	3.0 (.9)
overall health	2.1 (1.2)	2.2 (1.0)	2.8 (.9)	2.8 (.5)	3.0 (.5)

4 Validity

Table 2 shows the correlation coefficients between the COOP/WONCA charts from the Achtkarspelen study group. Some of the correlation coefficients are quite high (four exceed 0.50 and another three exceed 0.40), indicating a substantial overlap between the domains which are represented by each chart. That was not unexpected, given the interrelation between the different domains of functional status.

Table 2

Correlations between the six COOP/WONCA Charts in the Achtkarspelen study (n=2775; age 60 years and older, 56% women)

	Physical Fitness	Feelings	Daily Activities	Social Activities	Change
Physical Fitness					
Feelings	.19				
Daily activities	.41	.53			
Social activities	.30	.54	.66		
Change in health	.05	.08	.09	.11	
Overall health	.36	.42	.52	.42	.15

The results from analyses of the correlations between the COOP/WONCA scores and the (sub)scale scores of the Nottingham Health Profile, the General Health Questionnaire and the Rand-36 are presented in table 3A from the Emmen study and in table 3B from the Achtkarspelen study.

The correlations between paired measures (underlined) are high - ranging from 0.51 to 0.80, with two exceptions: .19 for change and .34 for emotional reactions - indicating good convergent validity. Generally, the correlation coefficients between unpaired measures are lower. However, some of these correlations are also quite substantial. The 'daily activity' score of the COOP/WONCA, for example, correlates high (> 0.40) with all the NHP subscales scores, the GHQ score, and with four of the

unpaired Rand-36 subscale scores. The high correlations among some of the COOP/WONCA charts (Table 2) as well as the high correlations between some of the COOP/WONCA charts and unpaired NHP, GHQ and Rand-36 subscales could be interpreted as an indication of poor discriminant validity. On the other hand, this correlation could indicate that limitations in one domain may have an impact on the performance in other domains.

The correlations between the COOP/WONCA charts and the Rand-36 in the Achtkarspelen and the Emmen study are comparable.

Table 3A

Correlations between COOP/WONCA Charts and the (subscales) of Nottingham Health Profile (NHP), General Health Questionnaire (GHQ) and RAND-36 from Emmen (n=149, mean age 43.4 years, 47% women)

	Physical Fitness	Feelings	Daily Activities	Social Activities	Change in health	Overall Health
<i>NHP</i>						
Physical mobility	<u>.53</u>	.16	.66	.59	.02	.39
Pain	.31	.25	.42	.31	.06	.31
Sleep	.34	.19	.47	.34	.14	.29
Energy	.38	.10	<u>.51</u>	.48	.04	.40
Social isolation	.14	.19	.50	<u>.51</u>	.11	.18
Emotional reactions	.15	<u>.34</u>	.41	.38	.10	.34
<i>GHQ</i>	.04	<u>.63</u>	.55	.57	.03	.46
<i>Rand-36</i>						
Physical Functioning	<u>.52</u>	.19	.55	.48	.00	.44
Social Functioning	.32	.45	.75	<u>.80</u>	.02	.51
Role limitation (physical)	.19	.39	<u>.68</u>	.60	.06	.48
Role limitation (emotion)	.01	.44	.47	.51	.03	.38
Mental Health	.10	<u>.71</u>	.08	.14	.05	.02
Vitality	.01	.11	.06	.09	.14	.03
General health	.40	.35	.52	.51	.02	<u>.62</u>

The correlations between paired measures are given underlined.

Table 3B

Correlations between COOP/WONCA Charts and the subscales of RAND-36 from Achtkarspelen (n=2775, 60 years and older, 56% women)

	Physical Fitness	Feelings	Daily Activities	Social Activities	Change in health	Overall Health
<i>Rand-36</i>						
Physical Functioning	<u>.56</u>	.31	.31	.45	.13	.52
Social Functioning	.37	.53	.65	<u>.73</u>	.03	.45
Role limitation (physical)	.30	.36	<u>.62</u>	.51	.06	.46
Role limitation (emotion)	.17	.31	.31	.45	.13	.52
Mental Health	.24	<u>.76</u>	.55	.54	.10	.51
Vitality	.38	.56	.71	.59	.09	.65
General health	.40	.41	.59	.48	.14	<u>.67</u>
Health Change	.16	.22	.31	.27	<u>.19</u>	.31

The correlations between paired measures are given underlined.

Table 4

The impact of the number of chronic diseases on the COOP/WONCA scores, mean and (standarddeviation) from Achtkarspelen (n=2775, 60 years and older, 56% women)

	0 n=968	1 n=935	2 n=505	3 n=225	>4 n=142
Physical Fitness	2.9 (1.2)	3.3 (1.1)	3.5 (1.2)	3.9 (1.0)	4.2 (1.0)
Feelings	1.5 (.8)	1.7 (.9)	1.8 (1.0)	1.9 (1.1)	2.1 (1.2)
Daily Activities	1.4 (.8)	1.8 (1.1)	2.2 (1.2)	2.5 (1.3)	2.9 (1.3)
Social Activities	1.3 (.7)	1.5 (.9)	1.8 (1.1)	2.0 (1.3)	2.2 (1.4)
Change in health	2.9 (.4)	2.9 (.4)	2.9 (.5)	3.0 (.6)	3.1 (.8)
Overall Health	2.5 (.9)	2.9 (.8)	3.1 (.8)	3.4 (.7)	3.6 (.8)

The impact of the number of chronic diseases on the COOP/WONCA scores is shown in table 4. For each category of the number of chronic diseases, the mean scores of the COOP/WONCA increase, indicating more limited functional status. The difference is most notable in daily and social activities and least striking in emotions.

5 Reliability

As each scale is represented by one item, the reliability of the COOP/WONCA charts can only be assessed by a test-retest study. The test-retest reliability of the original Dartmouth version was satisfactory (Nelson et al. 1990). In a Dutch test-retest study which used the COOP function charts test-retest coefficients ranged over an interval of three weeks from $r = 0.67$ to 0.82 , Kappa's = 0.49 to 0.59 , and over an interval of one year $r = 0.36$ to 0.72 , Kappa's = 0.31 - 0.38 (Meyboom- de Jong & Smith, 1990).

The test-retest reliability of the (Dutch version of the) COOP/WONCA charts has not yet been assessed. However, it can be assumed that it will not much differ from the COOP function charts, given the similarities between the two versions.

6 Responsiveness to change

To assess the responsiveness to change, the data of four longitudinal Dutch studies using the COOP function charts have been analysed. The studies were a continuous morbidity study of elderly patients (1824 episodes, all diagnoses), a study of 372 patients with sinusitis complaints, a study of 319 patients referred to the internist, and a study of 89 patients with an episode of stroke.

A responsiveness coefficient has been calculated on the basis of an analysis of variance. This coefficient is congruent to well-known measures of reliability, the intraclass correlation coefficient and the kappa (Van Duijn et al., 1995).

To support the interpretation of the responsiveness coefficients, the effect size and the proportions of patients that show change over time from one of the studies are presented (Table 5). The change and overall health chart were not available. The pain chart was used as optional in the sinusitis study.

The results show that for an effect-size coefficient of 0.4 (which means that 40% of the variance of the scores can be attributed to change over time, while 60% remain as unexplained variance), it appears that 40% of the patients considerably improved and 50-60% of the patients improved. An effect-size coefficient of 2.0 was related to 20% considerably improved patients and 40% improved patients. The results clearly demonstrate that a higher effect-size coefficient of responsiveness agrees with a greater percentage of improved patients. The COOP function charts differ in responsiveness to change per diagnosis.

Table 5

Sinusitis study: differences in scores on the five-point scale of the COOP/WONCA charts from the start till the end of the episode for five domains; percentage of patients improved moderately or more (≥ 1 point) and percentage of patients improved considerably (≥ 2 points); N=372.

	better ≥ 1	0	worse ≤ 1	better ≥ 2	0-1	worse ≤ 2	co- efficient	mean difference	'effect size'
Physical fitness	38%	55%	7%	18%	80%	2%	0,20	0,52	0,50
Feelings	53%	42%	5%	37%	62%	1%	0,40	0,91	0,95
Daily activities	61%	34%	5%	36%	73%	1%	0,43	1,06	0,96
Social activities	43%	51%	6%	22%	77%	1%	0,25	0,71	0,56
Pain	65%	31%	4%	47%	52%	1%	0,52	1,31	1,30

7 Criteria for crosscultural use

In order to validate health status measures for cross-cultural use a number of criteria are required (Flaherty et al., 1988; Bullinger et al., 1993). Whenever a translation of the COOP/WONCA charts is not available in a language, researchers are requested to follow the guidelines which are given in this paragraph: content equivalence; semantic equivalence; technical equivalence; criterion equivalence and conceptual equivalence.

Content equivalence

For cross-cultural research each item in the instrument must be examined to establish whether the concept it measures is relevant to the cultural setting in which it is to be used. It would be for example, inappropriate to include items which are considered taboo in certain cultures, for instance certain aspects of sexual behaviour.

Semantic equivalence

In the translation of 'each' item or statement, its meaning must remain the same as the original version. Therefore in the translation process emphasis must be placed on retaining the essence of what is being asked or stated rather than obtaining a direct literal translation of the words.

Technical equivalence

Technical equivalence of an instrument which has been cross-culturally adapted, can be assessed in a number of different ways. One approach is to establish the concurrent validity of the measure, which involves obtaining data using different methods (e.g. interview and selfadministration) or from different instruments (including the translated instrument) which measure the same phenomena. If there is agreement between the findings obtained with the translated instrument and the other measures of the same phenomena then concurrent validity of the translated measure is supported.

Criterion equivalence

Criterion validity of an instrument refers to its relationship to previously established and independent criteria which does not necessarily mean another instrument. For example criterion validity would be established if our translated instrument behaved in a predicted way by the use of health services in the following year.

Conceptual equivalence

Evidence relating to the conceptual equivalence of an instrument is when the instrument is found to be measuring the same construct/concept (e.g. physical, emotional functioning) in the different cultures. Methods of examining conceptual equivalence include assessing the known relationship between constructs measured by the instrument and responses to other variables in each of the study populations. For instance, if symptomatology is associated with the construct physical dysfunction in the original culture, then findings of significant predicted relationships between these variables and the construct in other cultures would be evidence of conceptual equivalence for the instrument.

Methods in the translation of cross-cultural instruments

To obtain an appropriate cross-cultural outcome measure several steps have to be taken before satisfactory equivalence with the original language version is established.

The first, is the translation process and field testing of the translated version.

Secondly, when a final translated version is available this should then be authorized by the authors of the original version in terms of its conceptual basis.

Thirdly, the translated instrument should then be evaluated for its equivalence in terms of reliability and validity with the original version following the procedures outlined above.

Translation process and field-testing

The most common procedure is a forward and backtranslation in order to establish the semantic equivalence. The initial forward translation is best done by translators who have knowledge about the content area, independently of one another. After discussions of these translations a first draft is available.

A bilingual with experience in the native language of the original version should then translate this version back into the original language. Comparison with the original version should then be carried out followed by any necessary modifications to obtain a suitable translated version. This translated version of the questionnaire should be completed by the target group of respondents in the presence of interviewers, in order to identify problems in the interpretation of the content experienced by the respondent.

Throughout the process of translations and field testing the authors of the original version should be informed of the findings in order to obtain a final and authorised translated version of the instrument.

**Translation procedure of the COOP/
WONCA charts**

About half of the translated versions followed the procedure of forward and backward translations. The Italian and the Swedish version were translated straightforward from the English version without backward translation; the Chinese, Dutch, Finnish, German and Norwegian translation used formal double forward-backward translation using native speakers of the two languages concerned.

8 Conclusions and recommendations

The COOP/WONCA charts have reached a huge dissemination since the development by Nelson and the 'adoption' by WONCA. The diffusion is apparent from the extending bibliography and the 20 translations that are available.

The COOP/WONCA charts are easy to use in daily practice and the illustrations are liked by most people. The impact or added value of the illustrations need more study.

The test-retest reliability is insufficiently tested and reported, until now. The validity, apparent both from expected correlations with age, sex and disease, and from convergent and discriminant correlations with (un)paired measures from other instruments is acceptable; the first results concerning responsiveness to change are promising.

The psychometric characteristics are acceptable, taking into account that it concerns a generic instrument to assess functional status with one question in six different domains.

However, more research is necessary. Contrary to the rules until now, it is recommended to present results with the COOP/WONCA charts as means with standard deviations, preferably for men and women separately and for the different age groups as given in the glossary for primary health care.

The question if a sumscore of (some of) the COOP/WONCA charts could be computed, needs further study. It could be challenging to compute one COOP index for functional status.

The WONCA-research committee is interested in new translations and further publications. The Northern Institute for Health Care Research is interested in receiving and collecting new data in order to disseminate the outcomes of research.

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Permission for use of the COOP/WONCA charts

The COOP/WONCA charts, originally developed by Nelson and further promoted by WONCA belong to the public domain.

They can be used in research, and patient care, in particular during face-to-face contacts in primary health care.

Conditions:

- the COOP/WONCA charts should be used together with the minimum data set, recommended by the WONCA research committee consisting of age, and sex. In addition, data on social economic status, living situation, housing could be registered.
- the way of administering the COOP/WONCA charts should be reported: self-administered or interview based; during or after face-to-face contacts; scored by patients themselves, proxies, nurses, doctors, or other health care providers.
- explicit reference to the source references are recommended (Nelson et al., 1987; Scholten & Van Weel, 1991; Van Weel et al., 1995).
- in order to carry out further validation research, data of other studies are kindly requested. Data should be sent to the Northern Centre for Health Care Research (NCH), in raw format (not recoded). The data may be either sent on floppy disk or by electronic mail (see for address page 2).
- new translations and the way the translation was performed are kindly requested to be sent to the Northern Centre for Health Care Research (NCH).
- one copy of every publication is kindly requested to be sent to the NCH.

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The available versions of the COOP/WONCA charts

English

Physical fitness

During the past 2 weeks...






What was the hardest physical activity you could do for at least 2 minutes?

<p>Very heavy, (for example) run, at a fast pace</p>		<p>1</p>
<p>Heavy, (for example) jog, at a slow pace</p>		<p>2</p>
<p>Moderate, (for example) walk, at a fast pace</p>		<p>3</p>
<p>Light, (for example) walk, at a medium pace</p>		<p>4</p>
<p>Very light, (for example) walk, at a slow pace or not able to walk</p>		<p>5</p>

Feelings

During the past 2 weeks...






How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and sad?

Not at all	 A simple line drawing of a face with two dots for eyes and a wide, upward-curving smile.	1
Slightly	 A simple line drawing of a face with two dots for eyes and a straight horizontal line for a mouth.	2
Moderately	 A simple line drawing of a face with two dots for eyes and a short horizontal line for a mouth, indicating a neutral or slightly downcast expression.	3
Quite a bit	 A simple line drawing of a face with two dots for eyes and a downward-curving line for a mouth, indicating sadness.	4
Extremely	 A simple line drawing of a face with two dots for eyes and a downward-curving line for a mouth, indicating a more pronounced state of sadness or distress.	5

Daily activities

During the past 2 weeks...

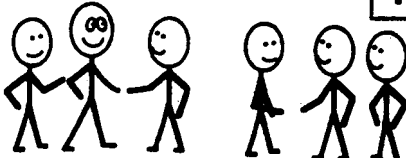
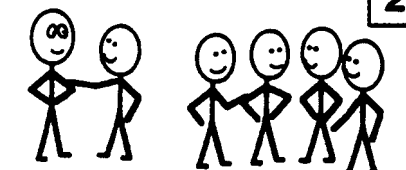
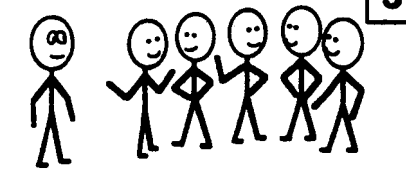
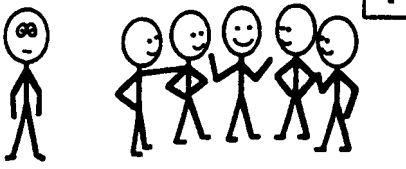
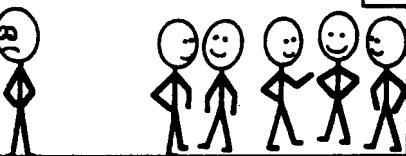
How much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?

No difficulty at all	 1
A little bit of difficulty	 2
Some difficulty	 3
Much difficulty	 4
Could not do	 5

Social activities






During the past 2 weeks...

Has your physical or emotional health limited your social activities with family, friends, neighbours or groups?

<p>Not at all</p>	 <p>1</p>
<p>Slightly</p>	 <p>2</p>
<p>Moderately</p>	 <p>3</p>
<p>Quite a bit</p>	 <p>4</p>
<p>Extremely</p>	 <p>5</p>


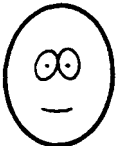



Change in health

How would you rate your overall health now compared to 2 weeks ago?

Much better	 1
A little better	 2
About the same	 3
A little worse	 4
Much worse	 5

Overall health

During the past 2 weeks...
How would you rate your health in general?

Excellent		1
Very good		2
Good		3
Fair		4
Poor		5

體能

在過去兩星期中，你的體能最多可以做到下列何種運動
二分鐘以上。

- 非常劇烈 例如：急步跑
- 劇烈 例如：緩步跑
- 中度 例如：快步步行
- 輕度 例如：中等速度步行
- 非常輕度 例如：緩慢步行
- 或 不能行走

社交活動

在過去兩星期中，你的身體及情緒健康狀況有沒有局限了
你和親人，朋友，鄰居或團體間的社交活動？

- 全無限制
- 有一點限制
- 稍有限制
- 有頗大限制
- 有非常大限制

感受

在過去兩星期中，你有沒有受情緒困擾，例如：焦慮
急躁，神鬱愁悶，情緒低落？

- 完全沒有
- 輕微
- 中度
- 相當嚴重
- 非常嚴重

健康轉變

你的健康和兩星期前比較是：

- 好得多
- 好一點
- 一樣
- 稍差
- 差得多

日常活動

在過去兩星期中，你的身體或精神健康有沒有導致你日常
室內及室外活動或工作出現困難？

- 全無困難
- 輕微困難
- 有點困難
- 很困難
- 不能做

整體健康

在過去兩星期中，你的整體健康狀況是：

- 非常好
- 很好
- 還好
- 不太好
- 很差

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This translation has been made as a formal
double forward-backward translation, involving
native speakers of English and the translation
language.

Publications of the translated version:
• Lam CLK, Van Weel C, Lauder IJ. Can the
Dartmouth COOP/WONCA Charts be Used to
Assess the Functional Status of Chinese
Patients? Family Practice 1994; 11:85-94.
• Lam CLK. Health Outcome of Stroke Patients in
Hong Kong. Huisarts Wet 1995 (in press).

Fysisk formåen

I de sidste 14 dage...

Hvad var den hårdeste fysiske aktivitet du kunne klare i mindst 2 minutter?

- Meget hård (f.eks. løbe i hurtigt tempo)
- Hård (f.eks. løbe i langsomt tempo)
- Moderat (f.eks. gå i hurtigt tempo)
- Let (f.eks. gå i langsomt tempo)
- Meget let (f.eks. gå meget langsomt eller ude af stand til at gå)

Følelser

I de sidste 14 dage...

Hvor meget har du været generet af følelsesmæssige problemer som nervøsitet, irritabilitet eller nedtrykthed?

- Slet ikke
- En lille smule
- Moderat
- En hel del
- Meget

Daglige aktiviteter

I de sidste 14 dage...

Hvor vanskeligt har det været for dig at udføre dine daglige aktiviteter eller gøremål, både inden for og uden for hjemmet på grund af din fysiske eller psykiske helbredstilstand?

- Ikke vanskeligt
- Lidt vanskeligt
- Vanskeligt
- Meget vanskeligt
- Har slet ikke kunnet udføre dem

Ændring i helbredstilstand

Hvordan vil du vurdere din helbredstilstand nu sammenlignet med for 2 uger siden?

- Meget bedre
- Lidt bedre
- Omtrent det samme
- Lidt dårligere
- Meget dårligere

Samlede helbredstilstand

I de sidste 14 dage...

Hvordan vil du karakterisere din totale helbredstilstand.

- Strålende
- Meget god
- Nogenlunde
- Dårlig
- Meget dårlig

Sociale aktiviteter

I de sidste 14 dage...

Har din fysiske eller psykiske helbredstilstand begrænset dine sociale aktiviteter med familie, venner, naboer eller grupper?

- Slet ikke
- Lidt
- Noget
- En hel del
- Meget

Responsible for the translation:

Lichamelijke fitheid

Wat was gedurende de afgelopen twee weken de zwaarste inspanning die u minimaal twee minuten kon volhouden?

- Zeer zwaar, bijvoorbeeld rennen in hoog tempo
- Zwaar, bijvoorbeeld op een drafje lopen
- Matig, bijvoorbeeld in flink tempo door stappen
- Licht, bijvoorbeeld in matig tempo lopen
- Zeer licht, bijvoorbeeld in een langzaam tempo lopen of niet in staat zijn tot lopen

Gemoedstoestand

Heeft u de afgelopen twee weken last gehad van emotionele problemen zoals angst, depressiviteit, geïrriteerdheid of neerslachtigheid?

- helemaal niet
- een klein beetje
- matig
- nogal veel
- zeer veel

Dagelijkse bezigheden

Hoeveel moeite had u de afgelopen twee weken met uw dagelijkse bezigheden binne- en buitenshuis als gevolg van lichamelijke of emotionele problemen?

- helemaal geen moeite
- een klein beetje moeite
- enige moeite
- veel moeite
- zeer veel moeite

Sociale activiteiten

Voelde u zich de afgelopen twee weken door lichamelijke of emotionele problemen belemmerd in uw sociale activiteiten met familie, vrienden, burens of clubs?

- helemaal niet
- een klein beetje
- matig
- nogal wat
- zeer veel

Veranderingen in de gezondheidstoestand

Hoe beoordeelt u uw gezondheidstoestand op dit moment vergeleken met twee weken geleden?

- veel beter
- iets beter
- ongeveer gelijk
- iets slechter
- veel slechter

Algemene gezondheid

Hoe beoordeelt u uw algemene gezondheidstoestand gedurende de afgelopen twee weken?

- uitstekend
- heel goed
- goed
- matig
- slecht

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This translation has been made as a formal double forward-backward translation, involving native speakers of English and the translation language.

Publications of the translated version:

• Van Duijn NP, Groenier KH, Van Weert H, et al. De gevoeligheid van de COOP-kaarten voor verandering van de klinische toestand. Huisarts Wet 1995; 38(3): 139-44.

• König-Zahn C, Furer JW, Tax B. Het meten van de gezondheidstoestand. I. Algemene gezondheid. Assen: Van Gorcum, 1993.
• Scholten JHG, Van Weel C. Functional status assessment in family practice. Lelystad: Meditekst, 1992.
• Van Weel C, Meyboom-de Jong B, Van weert H. Het functioneren van de patiënt: klinimetrie in de huisartspraktijk. Ned. Tijdschr Geneesk 1990; 134: 1039-43.

Fyysinen kunto

Viimeisten 2 viikon aikana...

Millainen oli raskain liikunta, johon pystyit vähintään 2 minuutin ajan?

- Nopea juoksu
 - Erittäin raskas, (esimerkiksi)
 - Hidas hölkkä
 - Raskas, (esimerkiksi)
 - Ripeä kävely
 - Kohtuullinen, (esimerkiksi)
 - Tavanomainen kävely
 - Kevyt, (esimerkiksi)
 - Hidas kävely
- tai en pystynyt kävelemään
- Erittäin kevyt, (esimerkiksi)

Tunteet

Viimeisten 2 viikon aikana...

Paljonko Sinua ovat vaivanneet sellaiset tunneongelmat, kuten ahdistuneisuus, masentuneisuus, ärtyneisyys, alakuloisuus tai surullisuus?

- Ei lainkaan
- Jonkin verran
- Kohtalaisesti
- Melko paljon
- Erittäin paljon

Päivittäiset toimet

Viimeisten 2 viikon aikana...

Paljonko vaikeuksia Sinulla on ollut suoriutua tavallisista töistä ja tehtävistä sekä kotona että kodin ulkopuolella ruumiillisen tai psyykkisen terveytesi takia?

- Ei ollenkaan vaikeuksia
- Hyvin vähän vaikeuksia
- Jonkin verran vaikeuksia
- Paljon vaikeuksia
- En ole pystynyt ensinkään

Kanssakäyminen

Viimeisten 2 viikon aikana...

Onko ruumiillinen tai psyykkinen terveytesi rajoittanut kanssakäymistäsi perheen, ystävien, naapurien tai muiden kanssa?

- Ei ollenkaan
- Hiukan
- Kohtalaisesti
- Melko paljon
- Erittäin paljon

Terveydentilan muutos

Millaiseksi arvioisit tämänhetkisen terveydentilasi verrattuna siihen, mikä se oli 2 viikkoa sitten?

- Paljon paremmaksi
- Vähän paremmaksi
- Suunnilleen samaksi
- Vähän huonommaksi
- Paljon huonommaksi

Yleinen terveys

Viimeisten 2 viikon aikana...

Millaiseksi arvioisit yleisen terveytesi?

- Loistavaksi
- Erittäin hyväksi
- Hyväksi
- Kohtalaiseksi
- Huonoksi

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This translation has been made by two researchers experienced in the field and knowing English terms well translated independently the text. The differences in the translations were discussed and the final version was an agreement.

Publications of the translated version:

- Kvist M. Assessment of functional status using COOP/WONCA-Charts. A Finnish Pilot Study in

Private Practice. In: Scholten JHG, van Weel C, eds. Functional Status Assessment in Family Practice. Meditekst: Lelystad 1992.

- Kvist M. [Measurement of functional status using COOP-Charts]. Toimintakyvyn mittaus COOP-kartoilla [Poster]. IV Yleislääketieteen päivät, Kuopio 4.11-6.11.1991.
- Kvist M. [Measurement of functional status using COOP-Charts]. Toimintakyvyn mittaaminen COOP-kartoilla. Kunnallislääkäri 1992;8(4):45.

Condition physique

Au cours des deux dernières semaines...

Quel est l'effort physique le plus dur que vous avez pu accomplir durant au moins deux minutes?

- Très intense, par ex.: courir, à toute allure
- Intense, par ex.: courir, à allure modérée
- Modéré, par ex.: Marcher, d'un bon pas
- Léger, par ex.: Marcher, d'un pas tranquille
- Très léger, par ex.: Marcher, d'un pas lent

Emotions

Au cours des deux dernières semaines...

Dans quelle mesure avez-vous été touché par des problèmes émotionnels au point de vous sentir anxieux, déprimé, irritable ou abattu et triste?

- Pas du tout
- Un peu
- Modérément
- Assez bien
- Fortement

Activités quotidiennes

Au cours des deux dernières semaines...

Quelle difficulté avez-vous eue à réaliser vos activités habituelles, dans et hors de la maison, en fonction de votre condition physique et de votre état émotionnel?

- Aucune difficulté
- Peu de difficulté
- Quelques difficultés
- Beaucoup de difficultés
- Ne peut le faire

Activités sociales

Au cours des deux dernières semaines...

Votre condition physique ou émotionnelle a-t-elle limité vos activités sociales en famille, avec des amis, des voisins ou en groupe?

- Pas du tout
- Légèrement
- Modérément
- Assez bien
- Fortement

Changement d'état de santé

Comment jugez-vous votre état général actuel par rapport à celui d'il y a deux semaines?

- Bien meilleur
- Un peu meilleur
- A peu près même
- Un peu moins bon
- Pire

Etat de santé en general

Au cours des deux dernières semaines...

Comment estimeriez-vous votre état de santé en général?

- Excellent
- Très bon
- Bon
- Assez mauvais
- Mauvais

Responsible for the translation:
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This translation has been made straightforward from the English, and checked by backtranslation into English. The translation of the COOP-Charts has been discussed during various teaching sessions with as participants 200 french and french speaking belgian GPs. There is now a general agreement about this translation despite the cultural differences between the two french medical languages.

Publications of the translated version:
• Jamouille M, Roland M, Blanc HW. Mesure de l'état fonctionnel en médecine générale: les cartes COOP/WONCA. Rev Méd Brux, 1994; 15:329-32

Körperliche Leistungsfähigkeit

Während der letzten 2 Wochen...

Welches war die stärkste körperliche Belastung, die Sie für mindestens zwei Minuten durchhalten konnten?

- Sehr starke Belastung, z. B. schnell rennen.
- Starke Belastung, z. B. langsam laufen, joggen
- Mäßige Belastung, z. B. spazierengehen
- Sehr leichte Belastung, z. B. nur langsam gehen oder unfähig zu gehen.

Stimmung

Während der letzten zwei Wochen...

Wie stark fühlten Sie sich seelisch belastet - waren Sie beispielsweise ängstlich, deprimiert, reizbar, niedergeschlagen oder traurig?

- Überhaupt nicht
- Ein wenig
- Mäßig
- Deutlich
- Sehr stark

Tägliche Aufgaben

Während der letzten zwei Wochen...

Hatten Sie auf Grund Ihres Gesundheitszustandes oder Ihrer Stimmung Schwierigkeiten, Ihre alltäglichen Arbeiten und Aufgaben innerhalb und außerhalb des Hauses zu erledigen?

- Überhaupt keine Schwierigkeiten
- Wenig Schwierigkeiten
- Einige Schwierigkeiten
- Viele Schwierigkeiten
- Habe nichts geschafft

Kontakte zu Mitmenschen

Während der letzten zwei Wochen...

Wurden Ihre Kontakte mit der Familie, mit Freunden, Nachbarn usw. durch Ihren Gesundheitszustand oder Ihre Stimmung eingeschränkt?

- Überhaupt nicht
- Ein wenig
- Mäßig
- Deutlich
- Sehr stark

Veränderung der Gesundheit

Wie würden Sie Ihren jetzigen Gesundheitszustand – verglichen mit dem von vor zwei Wochen – einschätzen?

- Viel besser
- Etwas besser
- Ungefähr gleich
- Etwas schlechter
- Viel schlechter

Allgemeiner Gesundheit

Während der letzten zwei Wochen...

Wie würden Sie Ihren Gesundheitszustand insgesamt beurteilen?

- Ausgezeichnet
- Sehr gut
- Gut
- Mäßig
- Schlecht

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This translation has been made as a formal
double forward-backward translation, involving
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Publications of the translated version:
not yet available, please contact the above
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כּוּשֵׁר גּוֹפְנִי

במשך השבועיים האחרונים....
מה היתה הפעילות הגופנית
הקשה ביותר שיכולת לעשות
לפחות למשך 2 דקות ?

- מאומצת מאד, למשל ריצה מהירה
- מאומצת, למשל ריצה איטית
- בינונית, למשל הליכה מהירה
- קלה, למשל הליכה במהירות בינונית
- קלה מאד, למשל הליכה איטית
- או חוסר יכולת ללכת

פּעִילוֹת חִבְרָתִית

במשך השבועיים האחרונים....
האם מצב בריאותך הגופני והנפשי
הגביל את פעילותך החברתית
במשפחה, עם חברים, שכנים או
עם חברת אנשים ?

- בכלל לא
- מעט
- בצורה בינונית
- די הרבה
- הרבה מאד

הִרְגָּשׁוֹת

במשך השבועיים האחרונים....
עד כמה הציקו לך בעיות נפשיות
כמו הרגשת חרדה, דיכאון, כעס או עצב ?

- בכלל לא
- מעט
- במידה בינונית
- די הרבה
- הרבה מאד

שִׁינוּי בְּמִצַּב הַבְּרִיאוֹת

כיצד תדרג/י את מצב בריאותך
כיום בהשוואה למצב בריאותך
לפני שבועיים ?

- הרבה יותר טוב
- מעט טוב יותר
- בערך אותו הדבר
- הרעה קלה
- הרעה רבה

פּעִילוֹת יוֹם יוֹמִית

במשך השבועיים האחרונים....
מה מידת הקושי שהיתה לך בביצוע
פעילותיך או משימותיך הרגילות בבית
או מחוץ לו כגלל מצב בריאותך
הגופני או הנפשי ?

- ללא כל קושי
- קושי מעט
- קושי כל שהוא
- קושי רב
- לא מסוגלת/כלל

מִצַּב הַבְּרִיאוֹת הַכִּלְלִי

במשך השבועיים האחרונים....
כיצד תדרג/י באופן כללי את
מצב בריאותך ?

- מצויין
- טוב מאד
- טוב
- מעט טוב
- גרוע

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This translation has been made straightforward
from the English, and checked by
backtranslation into English.

Publications of the translated version:

- Yodfat Y. Functional status in the treatment of heart failure by captopril: A multicenter, controlled, double blind study in family practice. Fam Pract 1991; 8:409-411
- Yodfat Y. A multicenter post-marketing surveillance study of lisinopril in the treatment of mild-to-moderate hypertension: observations on efficacy, tolerability and functional status indicators. Harefuah (in Hebrew) in press.

Forma fisica

Durante le ultime 2 settimane qual'è stata l'attività fisica più intensa che è stato in grado di compiere per almeno 2 minuti?

- Molto pesante per esempio: correre velocemente
- Pesante per esempio: correre lentamente
- Moderata per esempio: camminare velocemente
- Leggera per esempio: camminare a passo regolare
- Molto leggera per esempio: camminare lentamente o non riuscire a camminare

Stato d'animo

Durante le ultime 2 settimane, si è sentito ansioso, depresso, irritabile o scoraggiato e triste?

- No
- Sì, poco
- Sì, abbastanza
- Sì, molto
- Sì, moltissimo

Attività quotidiane

Durante le ultime 2 settimane, quanta difficoltà ha incontrato nello svolgere il suo lavoro o le sue attività quotidiane, in casa e fuori, a causa delle sue condizioni di salute fisica ed emotiva?

- Nessuna
- Poca
- Abbastanza
- Molta
- Non sono riuscito a svolgere le mie attività quotidiane

Attività sociali

Durante le ultime 2 settimane, le sue condizioni di salute fisica ed emotiva hanno limitato i suoi rapporti sociali con i familiari, gli amici, i vicini, le compagnie?

- No
- Sì, poco
- Sì, abbastanza
- Sì, molto
- Sì, moltissimo

Evoluzione dello stato di salute

Rispetto a 2 settimane fa, come si sente oggi complessivamente?

- Molto meglio
- Un po' meglio
- Nello stesso modo
- Un po' peggio
- Molto peggio

Stato di salute complessivo

Durante le ultime 2 settimane, come si è sentito complessivamente

- Ottimamente
- Molto bene
- Bene
- Così così
- Male

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This translation has been made straightforward from the English version.

Publications of the translated version:

not yet available. Please contact the above address.

Japanese

運動能力

最近の2週間の運動能力についておたずねします。2分間連続して行える最も激しい運動はどの程度でしたか。

- 非常に激しい運動、例えば：早いスピードで走れる。
- 激しい運動、例えば：ゆっくりしたスピードでジョギングできる。
- 中等度の運動、例えば：少しはやめのスピードで歩ける。
- 軽い運動、例えば：ふつうのスピードで歩ける。
- 非常に軽い運動、例えば：ゆっくりしたスピードでなら歩ける。

感情(気分)

最近の2週間の感情(気分)についておたずねします。不安感、落ち込み、いらいら感または気のめいりのような感情(気分)の問題によって悩んだことがありましたか。

- 全く悩みはなかった。
- わずかな悩みはあったが、問題にはならなかった。
- 多少の悩みがあった。
- かなり悩んだ。
- 非常に悩んだ。

日常の生活活動

最近の2週間の日常の生活活動についておたずねします。家庭内や家庭外で、あなたの運動能力や感情(気分)のために、何か困ったことがありましたか。

- 全く困ったことがなかった。
- 少ししか困らなかった。
- いくらか困った。
- かなり困った。
- 何もすることができなかった。

社会での活動状態

最近の2週間の社会での活動状態についておたずねします。家族や友人や近所の人々またはグループ活動の仲間とのつきあいで何かさしさわりがありましたか。

- 非常に仲良くでき、全くさしさわりがなかった。
- 少しさしさわりがあった。
- いくらかさしさわりがあった。
- かなりさしさわりがあった。
- 全くつき合いができなかった。

健康状態の変化

あなたの健康状態の全般についておたずねします。2週間前とくらべてどう変わりましたか。

- 非常に良くなった。
- 少し良くなった。
- ほとんど変わらない。
- 少し悪くなった。
- 非常に悪くなった。

健康状態全般について

最近の2週間の健康状態全般についてどう感じておられますか。

- 全くいうことがない。
- 良い。
- 良くも悪くもない。
- 悪い。
- 非常に悪い。

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This translation has been made straightforward from the English, and checked by backtranslation into English.

Publications of the translated version:

- Shigemoto H. Functional Status and Duration of Service in: Scholten JHG, Weel C van. Functional Status Assessment in Family Practice. Meditekst, Lelystad, 1992.
- Shigemoto H. A trial of the Dartmouth COOP charts in Japan. in: WONCA Classification Committee Functional Status Measurement in Primary Care. Springer: New York, 1990

운동능력

다음은 최근 2주간의 당신의 운동능력에 관한 질문입니다.
지난 2주간 당신이 적어도 20분간 지속할 수 있었던 가장 힘든 운동은 다음 어느 정도에 해당하는지?

- 매우 힘든 운동(예를들어 빠르게 달리기)
- 힘든 운동(예를들어 조정처럼 천천히 달리기)
- 힘들지도 가볍지도 않은 적당한 운동(예를들어 빠르게 걷기)
- 가벼운 운동(예를들어 보통 속도로 걷기)
- 매우 가벼운 운동(예를들어 천천히 걷기 혹은 정을 수가 없었음)

사회적인 활동

다음은 최근 2주간의 당신의 사회적인 활동에 관한 질문입니다.
지난 2주간 당신은 육체적, 정신적 건강으로 인해 가족, 친구, 이웃이나 동료들과의 사회적인 활동에 어려움을 겪었습니까?

- 전혀 어려움이 없었다
- 약간 어려움이 있었다
- 다소 어려움이 있었다
- 꽤 어려움이 많았다
- 매우 어려움이 많았다

감정

다음은 최근 2주간의 당신의 감정상태에 관한 질문입니다.
지난 2주간 당신은 근심, 걱정, 우울, 조바심, 낙담, 그리고 슬픔과 같은 정신적인 문제들이 어느 정도 갖고 있었습니까?

- 전혀 없었다
- 거의 없었다
- 그저 그런 편이었다
- 약간 있었다
- 매우 많았다

건강상태의 변화

다음은 최근 2주간의 당신의 건강상태의 변화에 관한 질문입니다.
현재 당신의 전반적인 건강상태를 지난 2주전과 비교한다면 어떻게 평가하셨습니까?

- 매우 좋아졌다
- 약간 좋아졌다
- 변화가 거의 없다
- 약간 나빠졌다
- 매우 나빠졌다

일상적인 활동

다음은 최근 2주간의 당신의 일상적인 활동에 관한 질문입니다.
지난 2주간 당신은 육체적, 정신적인 건강으로 인해 집안밖에서 일상적인 활동을 하는데 얼마나 어려움을 겪었습니까?

- 전혀 어려움이 없었다
- 약간 어려움이 있었다
- 다소 어려움이 있었다
- 꽤 어려움이 많았다
- 아무 일도 할 수 없었다

전반적인 건강상태

다음은 최근 2주간의 당신의 전반적인 건강상태에 관한 질문입니다.

당신은 최근 2주간의 당신의 전반적인 건강상태를 어떻게 평가하셨습니까?

- 최상이었다
- 매우 좋았다
- 좋았다
- 그저 그랬다
- 좋지 않았다

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 above address.

Norwegian

Fysisk form

De siste to uker...

Hva van den tyngste fysiske belastningen du greide/ kunne greid i minst to minutter?

- Meget tungt, f.eks. løpe fort
- Tungt, f.eks. jogge i rolig tempo
- Moderat, f.eks. gå i raskt tempo
- Lett, f.eks. gå i vanlig tempo
- Meget lett, f.eks. gå sakte eller kan ikke gå

Følelsesmessig problem

De siste to uker...

Hvor mye har du vært plaget av psykiske problemer som indre uro, angst, nedforhet eller irritabilitet?

- Ikke i det hele tatt
- Barer litt
- Til en viss grad
- En god del
- Svært mye

Daglig aktiviteter

De siste to uker...

Har du hatt vansker med å utføre vanlige gjøremål eller oppgaver enten innendørs eller utendørs, p.g.a. din fysiske eller psykiske helse?

- Ingen vansker i det hele tatt
- Bare lette vansker
- Til en viss grad
- En god del vansker
- Har ikke greid noe

Sosiale aktiviteter

De siste to uker...

Har din fysiske eller psykiske helse begrenset dine sosiale aktiviteter og kontakt med familie, venner, naboer eller andre?

- Ikke i det hele tatt
- Bare litt
- Til en viss grad
- Ganske mye
- I svært stor grad

Bedre eller dårligere helse

Hvorledes vil du bedømme helsen din idag, fysisk og psykisk, sammenlignet med for to uker siden?

- Mye bedre
- Litt bedre
- Omtrent uforandret
- Litt værre
- Mye værre

Samlet helsetilstand

De siste to uker...

Hvorledes vil du vurdere din egen helse, fysisk og psykisk i allminnelighet?

- Svært god
- God
- Verken god eller dårlig
- Dårlig
- Meget dårlig

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This translation has been made as a formal double forward-backward translation, involving native speakers of English and the translation language.

Publications of the translated version:

- Bruusgaard D, Nessøy I, Rutle I, Furuseth K, Natvig B. Measuring Functional Status in a Population Survey. The Dartmouth Functional Health Assessment Charts/WONCA used in a Epidemiological Study. Fam Pract 10; 1993:212-18.

Portuguese

44

Forma física

Durante as últimas 2 semanas...

Qual foi o esforço físico mais intenso que conseguiu fazer, ou que poderia ter feito durante, pelo menos, 2 minutos?

- Muito intenso, (por exemplo) correr depressa
- Intenso, (por exemplo) correr devagar
- Moderato, (por exemplo) andar com passo apressado
- Ligeiro, (por exemplo) passear ou andar devagar
- Muito ligeiro, (por exemplo) andar muito devagar, com dificuldade, ou não ser capaz de andar

Sentimentos

Durante as últimas 2 semanas...

Até que ponto se sentiu incomodado (a) por problemas emocionais tais como sentir-se ansioso (a), deprimido (a), -irritável ou abatido (a) e triste?

- Nada
- Ligeiramente
- Moderadamente
- Bastante
- Muito

Actividades do dia-a-dia

Durante as últimas 2 semanas...

Quanta dificuldade tem sentido para realizar o seu trabalho ou as suas tarefas diárias, tanto dentro como fora de casa, devido ao seu estado de saúde física ou psicológica?

- Nenhuma dificuldade
- Pouca dificuldade
- Bastante dificuldade
- Muita dificuldade
- Não tenho podido fazer nada

Vida social

Durante as últimas 2 semanas...

A sua vida social, as suas relações com familiares, amigos, vizinhos ou outros grupos ficaram limitadas ou prejudicadas por causa do seu estado de saúde física ou psicológica?

- Nada
- Ligeiramente
- Moderadamente
- Bastante
- Muito

Mudanças no estado de saúde

Como considera o seu estado geral de saúde neste momento, quando o compara com o de há duas semanas atrás?

- Muito melhor
- Um pouco melhor
- O mesmo
- Um pouco pior
- Muito pior

Estado geral de saúde

Durante as últimas 2 semanas...

Como classificaria o seu estado geral de saúde?

- Excelente
- Muito bom
- Bom
- Fraco
- Mau

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Capacidad física

Durante las 2 últimas semanas...

¿Cuál fue la máxima actividad física que pudo realizar durante, por lo menos, 2 minutos?

- Muy intenso, por ejemplo: correr con rapidez
- Intensa, por ejemplo: correr con suavidad
- Moderada, por ejemplo: caminar con rapidez
- Ligera, por ejemplo: caminar despacio
- Muy ligera, por ejemplo, caminar lentamente, o no poder caminar

Sentimientos

Durante las 2 últimas semanas...

¿Cuánto ha sido incomodado por problemas emocionales tales como sentimientos de ansiedad, depresión, irritabilidad o desánimo?

- Nada, en absoluto
- Ligeramente
- Moderadamente
- Bastante
- Intensamente

Actividades diarias

Durante las 2 últimas semanas...

¿Qué dificultad ha tenido para realizar sus actividades/obligaciones habituales, tanto en casa como fuera, por causa de su salud física o por problemas emocionales?

- Ninguna, en absoluto
- Ligera
- Moderada
- Intensa
- Toda, no he podido realizarlas

Actividades sociales

Durante las 2 últimas semanas...

¿Su salud física/psíquica ha limitado sus actividades sociales con la familia, amistades, vecinos y otros grupos?

- En absoluto
- Ligeramente
- Moderadamente
- Mucho
- Muchísimo

Cambio

¿Cómo considera su salud actual comparada con hace 2 semanas?

- Mucho mejor
- Ligeramente mejor
- La misma
- Ligeramente peor
- Mucho peor

Salud global

Durante las 2 últimas semanas...

¿Cómo calificaría su salud en general?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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- Gervas J, Perez-Fernandez. Clinical Judgment of Severity of Disease and Functional Status in Scholten JHG, Weel C van (eds). Functional Status Assessment in Family Practice, Lelystad: Meditekst, 1992

Capacidade física

Durante as dúas últimas semáns...

¿Cal foi a máxima actividade física que puido realizar durante, a lo menos dous minutos?

- Moi intenso, por exemplo: correr con rapidez
- Intensa, por exemplo: correr con suavidade
- Moderada, por exemplo: camiñar con rapidez
- Lixeira, por exemplo: camiñar a modo
- Moi lixeira, por exemplo: camiñar paseniñamente ou non poder camiñar

Sentimentos

Durante as dúas últimas semáns...

¿Canto foi incomodado por problemas emocionais, como sentimentos de ansiedade, depresión, irritabilidade ou desánimo?

- Nada en absoluto
- Lixeiramente
- Moderadamente
- Bastante
- Intensamente

Actividades diarias

Durante as dúas últimas semáns...

¿Qué dificultade tivo para realizar as súas actividades/obrigacións habituais, tanto na casa coma fora, por mor da súa saúde física ou por problemas emocionais?

- Ningunha
- Lixeira
- Moderada
- Intensa
- Toda, non puiden realizalas

Actividades sociais

Durante as dúas últimas semáns...

¿A súa saúde física/psíquica limitou as súas actividades sociais coa familia, amistades, veciños e outros grupos?

- De ningunha maneira
- Lixeiramente
- Moderadamente
- Moito
- Moitísimo

Cambio

- Moito mellor
- Lixeiramente mellor
- A mesma
- Lixeiramente peor
- Moito peor

Saúde global

Durante as dúas últimas semáns...

¿Cómo calificaría a súa saúde en xeral?

- Excelente
- Moi boa
- Boa
- Regular
- Mala

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- Gervas J, Perez-Fernandez. Clinical Judgment of Severity of Disease and Functional Status in Scholten JHG, Weel C van (eds). Functional Status Assessment in Family Practice, Lelystad: Meditekst, 1992

Spanish Castilian

Capacidad física

Durante las 2 últimas semanas...

¿Cuál fue la máxima actividad física que pudo realizar durante, por lo menos, 2 minutos?

- Muy intenso, por ejemplo: correr con rapidez
- Intensa, por ejemplo: correr con suavidad
- Moderada, por ejemplo: caminar con rapidez
- Ligera, por ejemplo: caminar despacio
- Muy ligera, por ejemplo, caminar lentamente, o no poder caminar

Sentimientos

Durante las 2 últimas semanas...

¿Cuánto ha sido incomodado por problemas emocionales tales como sentimientos de ansiedad, depresión, irritabilidad o desánimo?

- Nada, en absoluto
- Ligeramente
- Moderadamente
- Bastante
- Intensamente

Actividades diarias

Durante las 2 últimas semanas...

¿Qué dificultad ha tenido para realizar sus actividades/obligaciones habituales, tanto en casa como fuera, por causa de su salud física o por problemas emocionales?

- Ninguna, en absoluto
- Ligera
- Moderada
- Intensa
- Toda, no he podido realizarlas

Actividades sociales

Durante las 2 últimas semanas...

¿Su salud física/psíquica ha limitado sus actividades sociales con la familia, amistades, vecinos y otros grupos?

- En absoluto
- Ligeramente
- Moderadamente
- Mucho
- Muchísimo

Cambio

¿Cómo considera su salud actual comparada con hace 2 semanas?

- Mucho mejor
- Ligeramente mejor
- La misma
- Ligeramente peor
- Mucho peor

Salud global

Durante las 2 últimas semanas...

¿Cómo calificaría su salud en general?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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Capacitat física

Durant les 2 últimes setmanes...

Quina ha estat la màxima activitat física que ha pogut fer durant almenys 2 minuts?

- Molt intensa, per exemple, córrer amb rapidesa
- Intensa, per exemple, córrer a pas lent
- Moderada, per exemple, caminar amb rapidesa
- Lleugera, per exemple, caminar amb passes regulars
- Molt lleugera, per exemple, caminar amb passes curtes o no poder caminar

Sentiments

Durant les 2 últimes setmanes...

Fins a quin punt l'han molestat problemes emocionals tals com sentiments d'ansietat, depressió, irritabilitat o desànim?

- Gens, en absolut
- Lleugerament
- Moderadament
- Molt
- Moltíssim

Activitats diàries

Durant les 2 últimes setmanes...

Quina dificultat ha tingut per realitzar les seves activitats o obligacions habituals, tant a casa com a fora, a causa de la seva salut física o de problemes emocionals?

- Cap, en absolut
- Lleugera
- Moderada
- Intensa
- Tota, no he pogut fer-les

Activitats socials

Durant les 2 últimes setmanes...

La seva salut física i psíquica ha limitat les seves activitats socials amb la família, amiguets, veïns i altres grups?

- En absolut
- Lleugerament
- Moderadament
- Molt
- Moltíssim

Canvi en la salut

Com considera la seva salut actual, comparada amb fa 2 setmanes?

- Molt millor
- Lleugerament millor
- La mateixa
- Lleugerament pitjor
- Molt pitjor

Salut global

Durant les 2 últimes setmanes...

Com qualificaria la seva salut en general?

- Excellent
- Molt bona
- Bona
- Regular
- Dolenta

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Telesná zdatnosť

Počas posledných 2 týždňov...

Akú najt'ažšiu telesnú námahu ste vydržali po dobu najmenej dvoch minút?

- Vel'mi t'ažkú, napríklad rýchly beh na dlhšiu vzdialenosť
- Ťažkú, napríklad beh na kratšiu vzdialenosť, jogu
- Miernu, napríklad chôdzu na dlhšiu vzdialenosť
- Ľahkú, napríklad prechádzku na kratšiu vzdialenosť
- Vel'mi ľahkú napríklad chôdzu niekoľko krokov, alebo neschopný chôdze

Duševné pocity

Počas posledných 2 týždňov...

Ako ste sa cítili duševne, napríklad bol ste úzkostlivý, deprimovaný, dráždivý, akoby ubitý alebo smutný?

- Vôbec nie
- Trocha
- Mierne
- Značne
- Vel'mi

Denné úkony

Počas posledných 2 týždňov...

Mali ste t'ažkosti z dôvodu vášho zdravotného stavu alebo duševných pocitov pri výkone vašich bežných prác a úloh doma a mimo domu?

- Žiadne
- Trocha
- Mierne
- Vel'ké
- Nemohol som pracovať

Kontakty ku spoluobčanom

Počas posledných 2 týždňov...

Vaše kontakty s rodinou, priateľmi, susedmi a pod. boli obmedzené z dôvodu vášho zdravotného stavu alebo zlého duševného cítenia?

- Vôbec nie
- Trocha
- Mierne
- Značne
- Vel'mi

Zmena zdravotného stavu

Ako by ste hodnotil terajší váš zdravotný stav s tým z pred 2 týždňov?

- Lepší
- Trocha lepší
- Rovnaký
- Trocha horší
- Vel'mi horší

Celkový zdravotný stav

Počas posledných 2 týždňov...

Ako by ste celkovo hodnotil váš zdravotný stav?

- Výborný
- Vel'mi dobrý
- Dobrý
- Priemerný
- Zlý

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Fysisk förmåga

Under de två senaste veckorna...

Vilken var den fysiska aktivitet Du kunde göra under minst 2 minuter?

- Mycket ansträngande (t ex) - springa i rask takt
- Ansträngande (t ex) - springa i långsam takt
- Mittemellan (t ex) - promenad i rask takt
- Lätt (t ex) - promenad i ganska långsam takt
- Mycket lätt (t ex) - promenad i mycket långsam takt eller oförmögen att gå

Känslor

Under de två senaste veckorna...

Hur mycket har Du lidit av känslomässiga problem och känt dig ängslig, deprimerad, irriterad, nedstämd eller ledsen?

- Inte alls
- Lite grann
- Mittemellan
- Ganska mycket
- Mycket

Dagliga aktiviteter

Under de senaste två veckorna...

Hur svårt har Du haft att genomföra Ditt arbete i och utanför hemmet på grund av Din fysiska och psykiska hälsa?

- Inte svårt
- Lite svårt
- Svårt
- Mycket svårt
- Inte kunnat alls

Sociala aktiviteter

Under de senaste två veckorna...

Har Din fysiska eller psykiska hälsa hindrat Dina sociala aktiviteter med familj, vänner, grannar eller grupper?

- Inte alls
- Lite grann
- Mittemellan
- Ganska mycket
- Mycket

Förändring i hälsotillstånd

Hur mår Du idag jämfört med hur Du mådde för 14 dagar sedan?

- Mycket bättre
- Lite bättre
- Oförändrat
- Lite sämre
- Mycket sämre

Allmänt hälsotillstånd

Under de senaste två veckorna...

Beskriv Din hälsa i allmänhet

- Utmärkt
- Mycket bra
- Bra
- Ganska bra
- Dålig

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جمانی تدرستی
گذشتہ دو ہفتوں میں :
مندرم ذیل میں سح کوئی مشقت
دو منٹ تک کر لکتیج تھع ؟
• بہت نحت ، مثلد
تیزر فتار سح دؤرنا
سخت ، مثلد
• آہتہ آہتہ احمیلنا
درحیانی ، مثلد
• تیزر فتار سح حینا
ہلکی ، مثلد
• ورمیانی رفتار سح حینا
• بہت ہلکی ، حثد
آہتہ حینایا نہ چل لکنا

احساسات
گذشتہ دو ہفتوں میں :
ذہنی مسائل شد پریشانی ، برمی
بہیزاری و مایوسی غ کس حد تک
متاثر کیا ؟
• بالعقل نہیں
• معمولی
• قدرع
• کافی حد تک
• بہت ہی زیادہ
• روزانہ کی کارکردگی (معمول)
• لرگر حیاں

جمانی و ذہنی محت سح روزجرہ
کح معمول میں گھر کح اندر
اور باہر کقدر شعل پٹی ئی ؟
• ہرگز کوئی شعل نہ پٹی آئی
• معمولی شعل پٹی آئی
• کپھر شعل پٹی آئی
• بہت شعل پٹی آئی
• نا ممکن حد تک

اجتماعی لرگر حیاں
گذشتہ دو ہفتوں میں :
جمانی و ذہنی محت کی کیفیت
کی بنا پر اہل خانہ و احباب کیاتو
سماجی و اجتماعی لرگر حیاں
پر کوئی اثر پڑا ؟
• بالکل نہیں
• معمولی
• قدرع
• کافی حد تک
• بہت زیادہ