

Translation and cultural adaptation of a Patient Perception of Arrhythmia Questionnaire in Poland

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Abstract

Background: The Patient Perception of Arrhythmia Questionnaire (PPAQ) is a disease-specific questionnaire designed to measure symptoms and health-related quality of life in patients suffering from a group of arrhythmias collectively known as supraventricular tachycardias (SVT). There is no valid translation of PPAQ available in Poland, which hinders research in this area with Polish arrhythmia patients.

Aim: To conduct initial content validity testing through translation and cultural adaptation of the English language version of the PPAQ to the Polish language.

Methods: The whole project was conducted according to the ISPOR Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures published in 2005.

Results: In 2011, the PPAQ was translated into Polish and cultural adaptation was performed on 20 patients with SVT (12 male, age 54.9 ± 17.4). Issues concerning the exact meanings of symptom names and language-dependant gender-related distinctions were identified. The former was solved by cooperation with experts in arrhythmia, and the latter by incorporating patients' preferences during cognitive debriefing.

Conclusions: The Polish translation was well accepted by patients during this translation and initial content validity testing. Issues arising during the translation process may recur in other translations and be resolved in a similar manner.

Key words: quality of life, questionnaire, translation, supraventricular tachycardia

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INTRODUCTION

Supraventricular tachycardia (SVT) is a common name for arrhythmias involving the atrium and is composed of atrioventricular nodal reentrant tachycardia (AVNRT), atrioventricular reciprocating tachycardia (AVRT), atrial tachycardia (ATACH) and inappropriate sinus tachycardia (IST). Generally, atrial flutter (AFL) is also considered to be a SVT, but not atrial fibrillation. All SVTs have similar clinical symptoms and prognosis, excluding Wolff-Parkinson-White syndrome and AFL, and are considered a classical target for radiofrequency ablation (RFA) [1–7].

Because of clinical presentation incorporating heart racing, fatigue, chest pressure and other symptoms, SVT has been

reported to significantly diminish the health-related quality of life (QoL). In these cases, improvement in QoL and symptom reduction or elimination are considered key end-points of treatment [8–15].

During a Medline literature review in 2010 via Pubmed, Embase, ProQolid, Trip and Centre for Reviews and Dissemination databases, only one SVT disease-specific questionnaire was identified with published initial psychometric testing: the Patient Perception of Arrhythmia Questionnaire (PPAQ). This was developed in 2009 and it measures the following features of SVT: episode frequency and duration, presence and bothersomeness of symptoms, impact on functioning in

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everyday life, and average number of days with restrictions on activities [16, 17]. The PPAQ was developed and initially tested in the United States. The initial study comprised qualitative interviews with 25 SVT patients followed by instrument development testing carried out on 103 adult patients with a confirmed diagnosis of SVT, obtained at the time of intra-cardiac electrophysiological testing and covering: AVNRT, AVRT, ATACH, IST, and AFL. For data collection, patient symptom reports with both orthodromic and antidromic reciprocating tachycardia were combined and included in the broader diagnostic category of AVRT. Additionally, data from patients with focal and multifocal atrial tachycardia was combined in the ATACH group, and AFL data included reports from patients with atypical and typical AFL. Patients differed significantly in terms of age, sex, years living with arrhythmia and maximal heart rate. The questionnaire showed acceptable psychometrics and good measurement of patient perceptions of arrhythmias, and it was next used to study the change of QoL after ablation in patients with a variety of SVT arrhythmias in the United States. The PPAQ showed good sensitivity and reliability during this initial instrument development phase of study. Preliminary construct validation was supported by significant differences ($p < 0.001$) among groups of arrhythmia patients consistent with what we would expect clinically.

The next study using the PPAQ was conducted in 52 patients and showed significant improvement in QoL measured by PPAQ in terms of reduction of: number and length of SVT episodes, number and bothersomeness of episodes, impact of SVT on routine, and days missed at work or school. The results of PPAQ were concordant with the results of generic measures used in the study (selected subscales of Medical Outcomes Study questionnaire and Short Form-36 item questionnaire) [16, 17]. Preliminary evidence from this second study demonstrated that the PPAQ has acceptable psychometrics to further test it in a study including other types of arrhythmia patients.

Unfortunately the PPAQ was not available in Polish prior to this study.

According to International Society for Pharmacoeconomics and Outcomes Research (ISPOR) and other guidelines, it is mandatory to translate QoL questionnaires in a systematic manner to retain their content validity, rather than to translate word-for-word the exact meaning of each word used [18–20].

The aim of the current study was to establish preliminary evidence of content validity through translation and cultural adaptation of the PPAQ to the Polish language according to the ISPOR guidelines on translation and cultural adaptation process for patient-reported outcomes (PRO) measures.

METHODS

This study took place at a tertiary care centre in Poland on a group of patients with an established diagnosis of specific SVT who were symptomatic and scheduled for RFA in 2011. Patients were eligible if they were at least 18 years of

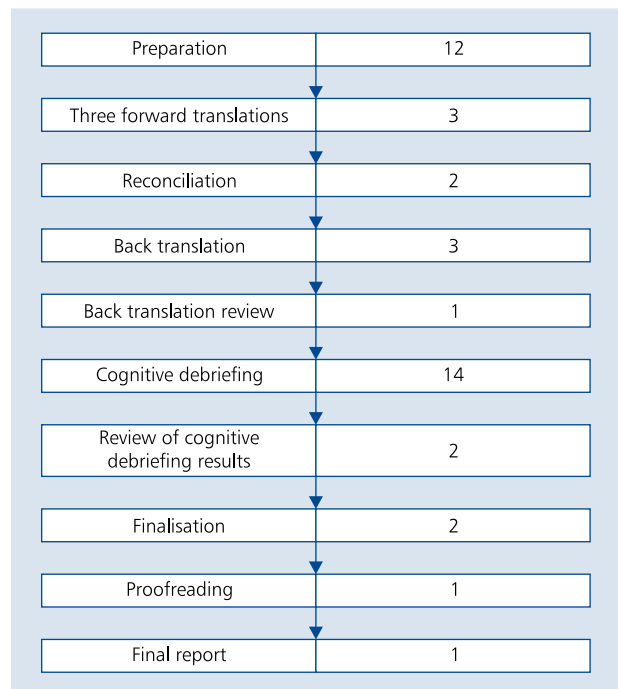


Figure 1. Stages of the translation process between October 2010 and July 2011. Time provided in weeks

age, were able to speak and read Polish, had no concurrent medical or psychiatric condition that, in the investigator's opinion, may preclude participation in this study, and had no cognitive or other impairment (e.g. visual) that would interfere with completing the questionnaire. Eligible patients were asked to provide written informed consent before entering the study. The study protocol was approved by the local Institutional Review Board and local Bioethics Committee and was in full compliance with the Declaration of Helsinki.

Our process of translation was conducted following steps specified in ISPOR guidelines: preparation, three forward translations, reconciliation, back translation, back translation review, harmonisation, cognitive debriefing, review of cognitive debriefing results, finalisation, proofreading and final report. For a flow-chart and the times of different stages of the translation, consult Figure 1.

Preparation. The project team was composed of clinicians, independent translators, and Polish language specialists and was supervised by an expert experienced in QoL studies. The author of the original PPAQ was also involved in our initial discussions in the preparation phase of the Polish translation process.

Forward translations. After consultation and discussion with the author of the original PPAQ and our local Polish language and electrophysiology experts, the forward translation to Polish was performed separately by three independent expert Polish language translators experienced in medical translations.

Table 1. Questions for respondents used in cognitive debriefing (Polish version in parenthesis)

General questions concerning questionnaire	
1.	Is information contained on this page clear? (Czy informacje zawarte na tej stronie są zrozumiałe?)
2.	Madam/Sir, do you think the questionnaire should be prepared in two distinct forms for women and men using appropriate linguistic forms? (Czy uważa Pani/Pan, że powyższy kwestionariusz powinien być przygotowany w oddzielnych wersjach dla kobiet i mężczyzn z zachowaniem odpowiednich form językowych?)
3.	Madam/Sir, do you think two-colour tables may be misleading or may suggest certain answers? (Czy uważa Pani/Pan, że dwukolorowe tabele mogą wprowadzać w błąd lub sugerować wybór niektórych odpowiedzi?)
Questions repeated in every domain	
1.	Are above-mentioned questions clear? (Czy powyższe pytania są zrozumiałe?)
2.	Do you think above-mentioned terms correctly describe your symptoms? (Czy użyte określenia prawidłowo oddają odczuwane dolegliwości?)
3.	Does the question provoke any negative emotions? (Czy pytanie budzi negatywne emocje?)

Reconciliation, back translation and review. Reconciliation was done with the assistance of the same two experts in electrophysiology and the questionnaire was translated back to English and reviewed by the author of the original PPAQ.

Harmonisation. Harmonisation was not necessary due to our need to carry out only a single language translation process.

Cognitive debriefing. The cognitive debriefing was conducted by a trained interviewer talking to individual patients one-at-a-time in the hospital. All patients completed the Polish version of the PPAQ and answered similar questions concerning all domains (Table 1). According to guidelines, there should have been 5–8 respondents in the target country who were native speakers of the target language and who adequately represent the target population [20].

RESULTS

The whole translation process lasted from October 2010 to July 2011. The cognitive briefing was conducted in a cardiology clinic by a trained interviewer on 20 consecutive eligible patients (12 male, age 54.9 ± 17.4) after the patients had completed the PPAQ. The frequency of SVT episodes varied between respondents from a single episode in six months to a daily basis; lengths of episode varied from a couple of seconds to more than an hour. Respondents declared from three to 13 distinct symptoms accompanying SVT episode covering the whole range of symptoms included in PPAQ and defined the bothersomeness of symptoms from “not at all” to “extremely”. SVT also affected everyday life of our respondents (normal work, sleep, leisure and recreation or relationships) differently, again from “not at all” to “extremely”. The cognitive interviews ranged in time from 5 min to 20 min. Participants were asked to complete the Polish version of the PPAQ and answer several questions concerning each domain of the PPAQ. To achieve a representative sample, we included five patients from each category of arrhythmia, i.e. AVNRT, AVRT, ATACH, and AFL. Since IST is an extremely rare condition, we were not able to enroll patients with this diagnosis at our centre.

All patients (20/20) considered the accuracy of terms describing the symptoms as excellent and found domains ac-

curately reflected their experiences and were not intrusive or offensive. In the original PPAQ, every other symptom/answer/point had a white or a grey background. An issue arose in that seven patients (35%, six female) declared that this might influence the perception of importance of certain symptoms. Nonetheless, all respondents were against any colour changes. None of the patients indicated the need for special feminine/masculine word forms characteristic of the Polish language. Patients described the PPAQ as “simple” and “user-friendly”. A review of cognitive debriefing results was performed by the same experts in electrophysiology and the final proofreading was led by a Polish philologist to establish initial content validity of the PPAQ in Polish. The Polish version of the PPAQ is available as supplementary material to this manuscript (Fig. 2).

DISCUSSION

The Polish translation of the PPAQ was difficult and time-consuming. It could pose the same problems with translations to other languages despite its user-friendly construction and high accuracy in depicting the relevant symptoms of SVT. The two main challenges concerning the project were firstly how to accurately translate the meaning of the symptoms specified in the PPAQ, and secondly how to deal with feminine/masculine articles, nouns and phrases typical of the Polish language but absent from English.

The former issue was addressed by detailed description of symptoms, many of which had very similar, yet distinct, meanings. It was resolved by the inclusion of two electrophysiology specialists with vast experience in dealing with patients suffering from SVT on the project team who clarified the clinical differences and indicated proper translations for those terms.

The latter issue was more complicated, as guidelines do not clearly outline how to deal with those language discrepancies specifically related to the Polish language, and the formal/informal ways of addressing strangers in Polish, especially women. In the end, the content validity decisions of which grammatical form of the symptoms or terms used on the questionnaire was best — unisex or separate questionnaires

Ankieta pacjenta dotycząca objawów arytmii
Patient Perception of Arrhythmia Questionnaire — wersja polska
 Edycja pierwsza

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 Questionnaire. *Research in Nursing and Health*, 2009; 32 (5): 504–516

W celu uzyskania dalszych informacji na temat tworzenia i wykorzystania
 tego kwestionariusza, proszę skontaktować się z Kathryn Wood, Duke University,
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1. Przeciętnie jak często, w ostatnim miesiącu, pojawiał się u Pani/Pana szybki rytm serca?
 (Proszę wybrać tylko jedną odpowiedź)

- Trzy razy dziennie lub częściej
- Dwa razy dziennie
- Codziennie lub prawie codziennie
- 4-5 razy w tygodniu
- 2-3 razy w tygodniu
- Około 1 raz w tygodniu
- Około 2 razy w miesiącu
- Około 1 raz w miesiącu
- Około 2-4 razy w roku
- Nigdy

2. W ciągu ostatniego miesiąca, przeciętnie jak długo trwały epizody szybkiego bicia serca?
 (Proszę wybrać tylko jedną odpowiedź)

- Nie dotyczy
- Kilka sekund
- Około 1-5 minut
- Około 5-10 minut
- Około 11-15 minut
- Około 20-30 minut
- Około 30-40 minut
- Około 45 minut do 1 godziny
- Dłużej niż 1 godzinę

Figure 2. Polish version of Patient Perception of Arrhythmia Questionnaire

Lista objawów

(a) Czy w ciągu ostatnich 4 tygodni uczuciu szybkiego bicia serca towarzyszyły niżej wymienione objawy? (Proszę wybrać "tak" lub "nie" w każdym wierszu)	NIE	TAK	(b) Jeżeli wystąpił ten objaw, to jak bardzo był uciążliwy (Proszę wybrać odpowiednie pole w każdym wierszu)				
			Wcale	Trochę	Umiar- kowanie	Znacząco	Niezmiernie uciążliwy
Kołatanie serca (regularne)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uczucie nierównego bicia serca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zaburzenia widzenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uczucie pulsowania w szyi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uczucie pustki w głowie/ zawroty głowy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ból głowy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oddawanie dużej ilości moczu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pocenie się	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nudności	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oslabienie/ brak energii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utrata apetytu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wyjątkowo szybkie bicie serca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problemy z koncentracją	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utrata przytomności	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trudności w złapaniu oddechu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uderzenia gorąca/wypieki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ucisk w klatce piersiowej podczas przyspieszonego bicia serca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problemy ze snem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inne:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 2. Polish version of Patient Perception of Arrhythmia Questionnaire (cont.)



Poniższe pytania koncentrują się na wpływie szybkiego rytmu serca na wykonywane przez Panią/Pana czynności. Proszę zaznaczyć, jak bardzo była Pani ograniczona/był Pan ograniczony w swoich aktywnościach z powodu szybkiego rytmu serca podczas ostatnich 4 tygodni.

3. Jak bardzo szybki rytm serca wpływał na poniższe Pani/Pana aktywności w ciągu ostatnich 4 tygodni? (Proszę wybrać jedno pole w każdym wierszu)

	Wcale	Sporadycznie	Umiarkowanie	Znacznie	Zdecydowanie
Nastrój	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Możliwość poruszania się	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pracę (zarówno poza domem jak i w domu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zajęcia rekreacyjne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zadowolenie z życia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Życie towarzyskie (spotkania ze znajomymi bądź krewnymi, wyjścia na kolacje lub do kina)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zdolność prowadzenia samochodu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relacje z małżonkiem/partnerem lub chłopakiem/dziewczyną	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relacje seksualne z małżonkiem/partnerem lub chłopakiem/dziewczyną	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Ile dni pracy lub zajęć szkolnych opuściła Pani/opuścił Pan z powodu szybkiego rytmu serca podczas ostatnich 4 tygodni? Jeśli Pani/Pan aktualnie nie pracuje ani się nie uczy, proszę zakreślić "Nie dotyczy"

Nie dotyczy dni

5. Przez ile dni była Pani/był Pan zmuszona/zmuszony ograniczać typowe aktywności z powodu szybkiego bicia serca w ciągu ostatnich 4 tygodni?

dni

Figure 2. Polish version of Patient Perception of Arrhythmia Questionnaire (cont.)

for women/men — was drawn from patients involved in the cognitive debriefing process. All patients indicated there was no need for separate versions of questionnaires.

This is a general issue concerning the translation of all questionnaires, not just this questionnaire, into Polish.

At the time of our translation study, the PPAQ was the only symptom and QoL questionnaire properly developed and validated in a population of patients with SVT [16, 17]. In 2012, another arrhythmia-specific symptom and QoL questionnaire called ASTA was published [21]. The Polish version of the PPAQ was needed as a base questionnaire for our future research studies such as our current prospective study concerning QoL, utility and willingness to be studied of patients undergoing RFA of AVRT and AVNRT. The authors are also aware of other ongoing or planned studies in the United States of America, the United Kingdom, Colombia and Lebanon but have no information on online registration or planned dates of publications.

Other examples of Polish versions of QoL questionnaires following a similar but less rigid protocol of translation are multiple sclerosis questionnaires: the Multiple Sclerosis Impact Scale 29 (MSIS-29), the Multiple Sclerosis International Quality of Life Questionnaire (MusiQoL), and the Modified Fatigue Impact Scale.

Limitations of the study

There were no patients diagnosed with inappropriate sinus tachycardia enrolled. However, this is an extremely rare arrhythmia condition with a similar presentation to other SVTs, hence it does not alter the applicability of the PPAQ in clinical practice. Also the international generalisability of the translation was limited as only a Polish version of the PPAQ was prepared. Although sample size may raise concerns about the generalisability of the study in a Polish population, the patient characteristics indicate that a wide range of patients of both sexes with distinct age, number and bothersomeness of symptoms and impact on daily routine were involved in the study.

This questionnaire will be very useful in future studies of symptoms and QoL in Polish arrhythmia patients, and our process of translation can be easily repeated in different countries.

CONCLUSIONS

Despite limitations, the Polish translation of the PPAQ was well accepted by patients due to its user-friendly format and accurate representation of the clinical symptoms these patients experience. The translation process may pose same problems for other languages, but the strategy followed in Poland should be capable of being replicated in other countries.

The PPAQ can be used in adults with standard cases of SVT: AVNRT, AVRT, ATACH, IST or AFL regardless of the length of the arrhythmia episode. It is reasonable to use the PPAQ in other cases of rare narrow-QRS tachycardias; currently, there is no published data supporting PPAQ utilisation in irregular ar-

rhythmias (e.g. atrial fibrillation). However, the PPAQ is currently being used in studies of atrial fibrillation patient symptoms in the United States and the United Kingdom with preliminary good content validity and reliability results. Using the same method of translation, studies conducted in other languages which document content validity of the PPAQ in different arrhythmias (e.g. atrial fibrillation) without alteration of the questionnaire would be also valid for Polish version of the PPAQ.

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Tłumaczenie na język polski i adaptacja kulturowa kwestionariusza *Patient Perception of Arrhythmia Questionnaire*

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Streszczenie

Wstęp: Kwestionariusz *Patient Perception of Arrhythmia Questionnaire* (PPAQ) jest specyficznym dla choroby narzędziem przeznaczonym do pomiaru jakości życia związanej ze zdrowiem pacjentów cierpiących z powodu arytmii, kolektywnie nazywanych częstoskurczami nadkomorowymi. Brak prawidłowo przygotowanego tłumaczenia kwestionariusza PPAQ na język polski ogranicza możliwości badań nad jakością życia polskich pacjentów cierpiących na arytmie nadkomorowe.

Cel: Celem badania było przeprowadzenie procesu tłumaczenia i adaptacji kulturowej angielskiej wersji kwestionariusza PPAQ na język polski.

Metody: Proces przekładu i wstępne badanie trafności treściowej kwestionariusza przeprowadzono zgodnie z wytycznymi ISPOR *Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes* (PRO) Measures opublikowanymi w 2005 r.

Wyniki: W 2011 r. dokonano przekładu kwestionariusza na język polski, a w procesie adaptacji kulturowej wzięło udział 20 pacjentów (12 mężczyzn, średnia wieku $54,9 \pm 17,4$ roku). W trakcie procesu zidentyfikowano problemy związane z bliskim znaczeniem niektórych nazw objawów arytmii i charakterystycznymi dla języka polskiego zwrotami grzecznościowymi zależnymi od płci. Pierwszy problem rozwiązano poprzez współpracę z dwoma ekspertami z zakresu arytmii serca, a drugi poprzez zbadanie preferencji pacjentów w trakcie procesu walidacji.

Wnioski: Polska wersja kwestionariusza była powszechnie akceptowana przez pacjentów uczestniczących w procesie walidacji. Napotkane problemy mogą powtórzyć się w tłumaczeniach na inne języki i mogą zostać rozwiązane w podobny sposób jak w niniejszej pracy.

Słowa kluczowe: jakość życia, kwestionariusz, tłumaczenie, częstoskurcze nadkomorowe

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