Exhibit A – SWYC translation license questionnaire

The purpose of this questionnaire is to gather information that can be posted to our website to provide full transparency regarding the process used to produce each SWYC translation. The questions below refer to Chapter 4 of the SWYC Manual, which is available on our website: www.TheSWYC.org.

Please complete all sections relevant to your work. Please respond "N/A" to any questions that refer to aspects of the process that you did not do.

Forward translation

1. Who completed the initial translation?

A: Two persons completed the forward translation of the original questionnaire in English to Tamil (the local native language). Both persons were engaged in the forward translation task independently: 1) Mrs. S (educational qualification: completed post-graduation in Tamil), working as a teacher, and 2) Mr.KR (educational qualification: completed post-graduation in Tamil, working as an office secretary). Both are bilingual (able to read and write English and Tamil, follow English newspaper and understand English TV news) and both of them are not working in the health field.

Back translation

2. Who completed the back translation?

A: Before proceeding with the back translation, we merged the two Tamil translated questionnaires into a single common Tamil questionnaire through consensus method with the help of subject expert (a Psychiatrist, with 15 years of experience, bilingual eloquent in Tamil and English). SWYC questionnaire in Tamil was distributed to two persons and each of them were asked to translate the scale into English language to be understandable to the local high school educated person. These two set of persons were different from those involved in the forward translation of the questionnaire: Mrs. SL (qualification post-graduation in Biology, working as high-school teacher, proficient in Tamil and English), Dr.RM (qualification post-graduation in optometry, worked as an optometrist, proficient in Tamil and English).

3. What (if any) important revisions were made as a result of the back translation?

A: We are in the process of reviewing the two back translated versions, and analyse how it compares with the original questionnaire, and adapt method for linguistically, and culturally suitable equivalent words in Tamil. Yet to be done.

Cognitive Interviewing

4. Who completed cognitive interviewing?

A: Not started

5. How many parents were interviewed and how were they selected?

A: Not started

6. Please describe the process used to complete cognitive interviewing.

A: Not started

7. What (if any) important revisions were made as a result of the cognitive interviewing?

A: Not started

Expert Panel Review

8. Who was responsible for conducting the expert panel?

A: I will be taking this responsibility. I am a Psychiatrist, with more than 15 years of experience in the field of Psychiatry. Planning to include Psychiatrist not involved in the current research and a Clinical Psychologist not involved with our work.

9. How many experts were consulted and how were they selected?

A: Not started

10. Please describe the process used to conduct the expert panel.

A: Not started

11. What (if any) important revisions were made as a result of the expert panel?

A: Not started

Cultural adaptation

12. Please describe any cultural adaptations made as part of the translation process, as well as the reasoning for including these adaptations:

A: During forward translation: There was no equivalent word in Tamil to be found for *pat a cake* in developmental milestones in the 12-month questionnaire, and hence question was changed to *hide and seek*.

Certain family questions did not convey the intended meaning when translated and needed to be changed in a culturally appropriate manner. E.g., Q9 that states, *do you and your partner work out arguments?* with available options as: *no/some/great difficulty or not*

applicable; had to be changed to: *How difficult to solve the arguments between you and your wife?*- and options were reworded to *no/slightly/very difficult*.

Standardization/collection of normative data

13. Was normative data collected using the new translation?

A: Not planned

14. Please describe the size and characteristics of the sample.

A: We are trying to validate a screening tool (ESSENCE-Q) for early detection of neurodevelopmental disorder (e.g., Autism spectrum disorder. Sample size required was calculated as 273, considering specificity of ESSENCE Q tool as 80%, with prevalence of neurodevelopmental disorder at 10% in India (Arora et al.2018), with 5% absolute precision and 5% type 1 error.

Inclusion criteria

1) Physically stable born as high-risk children in the age group 1-5 years attending the **Early Intervention Clinic** in Department of Neonatology/Pediatrics, at JIPMER.

2)Parents/Legally acceptable/authorized representative (LAR) of stable high-risk children, who can read Tamil or English

Exclusion criteria: Nil

15. Were scoring recommendations changed as a result of the normative data? If so, please describe.

A: Not applicable

Validation

16. Was additional evidence collected that is relevant to construct validity? If so, please describe the sample, methods and results.

A: Not planned

17. Was additional evidence collected regarding the validity of the new translation with respect to a "gold standard" reference standard? If so, please describe, sample, methods and result

A: Not planned and no intent to start validating the new translation. Open to your suggestion.

General supportive statement:

Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), is fully government funded tertiary care teaching hospital, located in the Southern part of India. Current research is part of requirement for completing MD(Psychiatry) course at this hospital. This research is carried between Dept of Psychiatry, and Dept of Pediatrics at JIPMER.

We made use of SWYC questionnaires corresponding to ages 12-60 months (v1.08, 9/119), and followed SWYC User's manual (version 1.01, 3/4/16), and also followed guidelines provided by; World Health Organization (WHO). Management of substance abuse. Process of translation and adaptation of instruments. [Accessed on 15 September 2019] Available online https://www.who.int/substance_abuse/research_tools/translation/en/

We have some work experience with scale/questionnaire related properties :

1. Kattimani S, Bharadwaj B, Sarkar S, Mukherjee A. Interrater reliability of the Silverman et al. nomenclature for suicide-related ideations, behaviours, and communications Crisis. 2015;36(1):61-4. doi: 10.1027/0227-5910/a000283.
2. Sarkar S, Kattimani S, Roy G, Premarajan KC, Sarkar S. Validation of the Tamil version of short form Geriatric Depression Scale-15. J Neurosci Rural Pract. 2015;6(3):442-446. doi:10.4103/0976-3147.158800

   We are attaching the forward translated questionnaire in Tamil (in PDF), and back translation work is going on. Our research work halted due to ongoing Pandemic. We look forward to your suggestions so as to improve the quality of the work and retain the authenticity of the SWYC questionnaire. As soon as the backtranslation is done, we shall the follow the manual guideline stepwise and return back to you. THANK YOU for permitting us to use the questionnaire.

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