Hindi translation and evaluation of psychometric properties of Craig Hospital Inventory of Environmental Factors instrument in spinal cord injury subjects

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ABSTRACT

Introduction: The Craig Hospital Inventory of Environmental Factors instrument (CHIEF) is one of the few tools to assess the environmental barriers. The purpose of this study was to translate long and short CHIEF into Hindi language, and to determine its validity and reliability. Design and Setting: The study design was observational case series with repeated measures. It was carried out at Indian Spinal Injuries Centre New Delhi, a specialized center for rehabilitation for spinal cord injury. Methods: The CHIEF instrument was translated from English to Hindi based on the Beaton guidelines for the cross-cultural adaptation of health status measures. The Hindi version of the CHIEF instrument was then administered on a convenience sample of 30 spinal cord injured subjects. Its content validity, internal consistency, test-retest reliability (intraclass correlation coefficient [ICC] 2,1), standard error of measurement (SEM), and minimum detectable change (MDC) were determined for both the longer and shorter version. Results: The mean ± SD of total Hindi-CHIEF instrument, longer version was 1.44 ± 0.82 and total score of the shorter version was 1.07 ± 0.66. The content validity determined by the content validity ratio was found to be 1 for all the items except item number 5, 11, and 12. The content validity index was 0.97 for the longer version and for the shorter version it was 0.98. Internal consistency, Cronbach’s α value was found to be 0.92 and test-retest value (ICC 2,1) was 0.80 (P < 0.001). The MDC was found to be 0.99 and SEM was 0.36 for the longer version. The Cronbach’s α was 0.731, ICC 2,1 was 0.63 (P < 0.001), SEM was 0.24, and MDC was 0.66 for the shorter version. Conclusion: The Hindi translated version of the CHIEF scale has acceptable content validity and reliability. It can be used to assess environmental barriers perceived by spinal cord injury patients.

Key words: Barriers, participation, reliability, spinal cord injury, validity

Introduction

Spinal cord injury can lead to motor and sensory deficit along with bowel and bladder dysfunction. It can cause activity limitation and participation restriction. It is well-known that the environment is a major domain of well-being or quality of life. Successful community integration in spinal cord injured can be defined as being part of the mainstream of family and community life, fulfilling normal roles and responsibilities, and being an active and contributing member of one’s social groups and society as a whole following rehabilitation interventions. The interaction between the individual and the environment play a key role in determining the level of participation in society. According to the International Classification of Functioning, Disability and Health by WHO, the environment barriers are considered to be important, because the “social...
participation” of people with impairments would be facilitated by the prevention and reduction of environmental barriers.\cite{9}

To obtain a clearer understanding of environmental barriers faced by patients after spinal cord injury and to better assess the effect of intervention programs, a standardized assessment of environmental factors is essential. The 25-item self-administered Craig Hospital Inventory of Environmental Factors (CHIEF) developed by Whiteneck et al.\cite{4}, is a common tool used to assess environmental barriers in people with spinal cord injury and other disabilities. It has demonstrated good psychometric properties in samples of people with and without disabilities. CHIEF addresses both the frequency and magnitude of the environmental barriers encountered, and covers five different domains (i.e., physical, attitudinal, service, productivity, and policy) of barriers that hinder people from doing what they need and want to do. In contrast to other environment assessment tools, the CHIEF instrument was designed as a shorter inventory of only environmental barriers not facilitators. The CHIEF instrument has a shorter version also which was developed from the longer version by retaining 12 questions.\cite{6}

With a population of more than 1 billion and the national language being Hindi, a majority of people speak Hindi in India. Apart from India, there is large number of Indians who are settled in various parts of the world and have Hindi as their mother tongue. The prevalence of spinal cord injury in India is high,\cite{7} and there is no of tools for assessing environmental barriers for such a large Hindi-speaking population in their native language. Clinically, having standardized assessment tools available in Hindi with proven psychometric properties will assist the clinicians in providing culturally sensitive assessment to clients who do not understand English. Hence, this study aimed to translate the commonly used CHIEF instrument to Hindi language and to determine its validity and reliability for assessing environmental barriers in spinal cord injured.

Methods

A convenience sample of 30 subjects with spinal cord injury who met the inclusion and exclusion criteria were recruited from Indian Spinal Injuries Centre, New Delhi. The study was approved by the Institute’s Research Review and Ethics Committee. Permission was taken from the original developers to translate the CHIEF instrument from English to Hindi. Inclusion criteria for selection were subjects with spinal cord injury of duration more than 1 year\cite{9} (American Spinal Injury Association [ASIA] Scale A, B, C, and D) and those who were able to read and understand Hindi. Subjects diagnosed with any medical, psychiatric illness, or any other neurological impairment which might hamper his/her participation in the study was excluded.

The Beaton translation guidelines was used for the translation of CHIEF instrument.\cite{9} The instrument was translated into Hindi by a translation committee, which comprised two translators working as professional translators. All the translators had Hindi as their native language and a very good command over English. Translator 1 and 2 translated the instrument into Hindi, translators 3 and 4 back-translated the scale into English. This back translation was produced by two persons with the source language (English) as their mother tongue. A moderator was appointed to coordinate the whole process, and was involved in both, the forward translation and the back translation processes. The instrument was then reviewed by the Expert Review Committee. The comments and suggestions of the Review Committee were then sent back to the translators for corrections into the next intermediate Hindi version of the instrument. Then, the final translated copy was ready to be used for pilot testing. After pilot testing phase, the Hindi translated version of the CHIEF instrument, Hindi-CHIEF (H-CHIEF) instrument, was administered on a sample of 30 spinal cord injured subjects. The H-CHIEF instrument was again administered to the subjects after 1 week to test test-retest reliability, intraclass correlation coefficient (ICC) (2,1). The scores obtained in the retest was compared with the first score to calculate the ICC (2,1). Twenty-five subjects were available to refill the CHIEF instrument for the 2nd time.

An interview was conducted among the participants to find out the problems with the H-CHIEF instrument. The suggestions were incorporated in the final translated Hindi version tool, and the scale was sent to a panel of 10 rehabilitation experts to determine the content validity. The short version of the H-CHIEF scale was prepared by selection of 12 questions from the longer version.

Three methods of scoring each item were done as proposed by the original developers.\cite{10} The frequency with which barriers encountered were scored on a 5-point scale (0 - never; 1 - less than monthly; 2 - monthly; 3 - weekly; and 4 - daily), a 3-point scale (0 - no problem because the barrier was never encountered; 1 - a little problem; and 2 - a big problem) were used to measure the
magnitude of the barrier. A frequency-magnitude product score was calculated as the product of the frequency score and the magnitude score. Total scores across the 25 items were calculated as the averages frequency-magnitude product score across all the scale items. A greater impact of environmental barriers was indicated by larger average frequency-magnitude product of all the items. The H-CHIEF is given in appendix 1.

Validity
Content validity was determined by calculating the content validity ratio (CVR). It determined, if the skill or knowledge measured by this item was: essential (score = 1); useful, but not essential (score = 0), and not necessary (score = −1). CVR was calculated for each item based on a formula developed by Lawshe’s. The rating of the scale was done by a panel of 10 experts in the field of neurological rehabilitation.

Reliability
The evaluation of internal consistency, test-retest reliability (ICC 2,1), standard error of measurement (SEM), and minimum detectable change (MDC) was done for both the longer and shorter version.

Statistical analysis
Statistical Package for Social Sciences (SPSS, IBM) for windows version 19 was used for the data analysis. Content validity was calculated using the CVR formula and content validity index (CVI) was also calculated. Reliability analysis was done for internal consistency by calculating the Cronbach’s α value, test-retest reliability by ICC 2,1. The SEM and MDC were also determined as part of reliability analysis. The level of significance was set at P ≤ 0.05.

Content validity
CVR = (Ne − N/N) / N/2 (Ne - number of experts rated on item as essential, N - total no. of experts in the panel).

Calculated CVR were then compared to the levels required for statistical significance. A minimum CVR value of 0.62 was necessary for statistical significance based on 10 panelists, and the CVI was simply calculated as the mean of the CVR values of the retained items. A minimum score of 0.78 is required in CVI for the scale to be rated as having excellent content validity.

Internal consistency
Evaluation of internal consistency (ICC) of H-CHIEF instrument for long and short version reliability was done by calculating the Cronbach’s α. An α value ≥ 0.9 is considered excellent and ≤ 0.5 is unacceptable.

Test-retest reliability
ICC 2,1; two-way random, absolute agreement, of measurements 1 and 2 were computed for determining the test-retest reliability. Test-retest reliability was considered to be acceptable if the ICC was > 0.75 and considered to be very good if the ICC was > 0.9.

Standard error of measurement
The SEM was chosen as a measure of absolute reliability and was calculated by the formula, $SEM = SD \times \sqrt{(1 - ICC)}$, where SD is the standard deviation. A high SEM indicates a high level of error and indicates nonreproducibility of the measurements.

Minimum detectable change
The MDC at 95% confidence was calculated to provide clinical interpretation, using the equation, $MDC = SEM \times 1.96 \times \sqrt{2} = 2.77 \times SEM$.

Results
The demographic characteristics of the subjects (mean ± SD) such as age, time since injury and frequency distribution (n) of type of paralysis, and ASIA scale levels is tabulated in Table 1. The mean ± SD, of individual items of H-CHIEF instrument, a total score of the longer version (1.44 ± 0.82), and a total score of the shorter version (1.07 ± 0.66) is given in Table 2. The (mean ± SD) of the subscales (attitudes/support, services and assistance, physical and structural, policies subscale work, and school subscale) of the H-CHIEF was also calculated and given in Table 3.

The content validity determined by the CVR was found to be 1 for all the items except item no. 5, 11, and 12 whose value was 0.8. The CVI was calculated as a mean of the CVR values of the 25 items of the scale which was 0.97 and for the shorter version it was 0.98 [Table 4].

| Table 1: Demographic details of the sample (n=30) |
|-----------------------------------------------|
| Variables                      | Mean±SD/n |
|--------------------------------|-----------|
| Age (years)                    | 31.67±10.09 |
| Time since injury (in month)   | 29.87±25.28 |
| Gender (male/female)           | 26/4      |
| Types of paralysis             |           |
| Quadriplegia                   | 14        |
| Paraplegia                     | 16        |
| Asia                           |           |
| A                              | 7         |
| B                              | 13        |
| C                              | 7         |
| D                              | 3         |

SD: Standard deviation
Table 2: Mean±SD of individual and total scores across the 25 items (frequency-magnitude) for test-retest evaluation

| Item number (n) | Frequency × magnitude | Mean±SD | Time 1 | Time 2 |
|----------------|-----------------------|---------|--------|--------|
| 1              | 1.75±2.23             | 2.49±2.03 |        |        |
| 2              | 2.14±3.17             | 2.49±2.31 |        |        |
| 3              | 1.03±1.70             | 1.98±1.70 |        |        |
| 4              | 2.62±1.85             | 3.13±1.19 |        |        |
| 5              | 2.17±1.85             | 2.74±2.58 |        |        |
| 6              | 0.65±1.58             | 0.96±1.78 |        |        |
| 7              | 0.10±0.30             | 1.98±1.27 |        |        |
| 8              | 0.74±1.94             | 2.32±1.37 |        |        |
| 9              | 0.55±1.12             | 1.685±1.55 |        |        |
| 10             | 0.34±0.85             | 1.55±.086 |        |        |
| 11             | 0.86±2.06             | 2.25±1.31 |        |        |
| 12             | 1.13±1.43             | 1.62±1.31 |        |        |
| 13             | 0.86±0.78             | 0.97±0.62 |        |        |
| 14             | 1.75±2.23             | 1.95±1.32 |        |        |
| 15             | 1.82±2.26             | 2.00±1.60 |        |        |
| 16             | 1.03±1.70             | 2.09±1.44 |        |        |
| 17             | 2.62±1.85             | 1.95±1.85 |        |        |
| 18             | 2.62±1.78             | 1.75±1.95 |        |        |
| 19             | 2.54±0.82             | 2.42±1.50 |        |        |
| 20             | 2.596±0.90            | 1.92±1.48 |        |        |
| 21             | 1.78±1.08             | 2.20±2.65 |        |        |
| 22             | 1.29±1.21             | 1.75±0.68 |        |        |
| 23             | 1.08±1.31             | 2.44±1.79 |        |        |
| 24             | 1.45±2.05             | 1.89±1.65 |        |        |
| 25             | 1.60±1.41             | 2.31±3.89 |        |        |
| Total (long)   | 1.44±0.82             | 2.01±0.45 |        |        |
| Total (short)  | 1.07±0.66             | 1.81±0.88 |        |        |

Table 3: The (mean±SD) of the subscales H-CHIEF instrument

| Subscale              | Item number | Question | Mean±SD |
|-----------------------|-------------|----------|---------|
| Attitudes/support     | 20          | Support in community | 1.91±0.95 |
|                       | 17          | Attitudes in community |         |
|                       | 18          | Support in home |         |
|                       | 15          | Attitudes at home* |         |
|                       | 5           | Natural environment* |         |
|                       | 21          | Discrimination* |         |
| Services and assistance | 1          | Transportation* | 0.91±0.66 |
|                       | 9           | Medical care* |         |
|                       | 12          | Help at home* |         |
|                       | 8           | Education/training |         |
|                       | 14          | Help in community |         |
|                       | 7           | Information* |         |
|                       | 10          | Personal equipment |         |
| Physical and structural | 2          | Design of home | 1.51±0.92 |
|                       | 6           | Surroundings* |         |
|                       | 4           | Design of community |         |
|                       | 3           | Design of work/school |         |
|                       | 11          | Technology |         |
| Policies subscale     | 23          | Policies of businesses* | 1.17±0.70 |
|                       | 24          | Policies of employment/education |         |
|                       | 22          | Services in community |         |
|                       | 25          | Policies of government* |         |
| Work and school subscale | 19         | Support at work/school | 1.50±0.9 |
|                       | 16          | Attitudes at work/school* |         |
|                       | 13          | Help at work/school* |         |

*Questions retained in the short form. H-CHIEF: Hindi-Craig Hospital Inventory of Environmental Factors instrument, SD: Standard deviation

Internal consistency calculated by Cronbach’s α value was found to be 0.92 and test-retest value (ICC 2,1) was 0.80 (P < 0.001). The MDC was found to be 0.99 and SEM was 0.36 for the longer version. The Cronbach’s α was 0.731, ICC 2.1 was 0.63 (P < 0.001), SEM was 0.24, and MDC was 0.66 for the shorter version. The mean ± SD of longer version and a shorter version for the total score obtained for test-retest reliability determination is given in Table 2.

Discussion

The CHIEF scale was designed to quantify environmental barriers perceived by people with disabilities. It helps in identifying major dimensions of the environment that may impede participation by people with disability such as accessibility, accommodation, resource availability, social support, and equality. It should be noted that the CHIEF does not measure environments and their characteristics objectively, but elicits a characterization of the severity of perceived barriers to social participation, as reported by individuals with a disability.[6]

Several measures have been developed to quantify environmental facilitators (i.e., factors that increase participation) or barriers (i.e., factors that reduce participation) in people with disabilities such as the 84-item measure of the quality of the environment (MQE), the 61-item facilitators and barriers survey (FABS), and Quebec environmental assessment.[8,13,14]

However, these questionnaires are quite lengthy and require a long period of time for completion, which may not be feasible in daily clinical practice, particularly in community rehabilitation settings where the patient to therapist ratio is often high. Moreover, the MQE does not address the frequency of encountering environmental obstacles.[8] The FABS, on the other hand, has shown only low to moderate internal consistency and test-retest reliability.[13] CHIEF also takes less time to administer compared with MQE and FABS as the items to be answered is less.
The results of the study had shown that H-CHIEF instrument possess good psychometric proprieties as an assessment tool. The mean total value obtained was slightly higher than the previous reporting, which was 1.26\[10\] where as in this study it is 1.44. The subscale scores ranged from 0.91 ± 0.66 to 1.91 ± 0.95, the highest being for attitudes/support area. This indicates that the problem faced by the people with spinal cord injury which impede their movement is affected to a larger extent by the attitude and support in the community. The least problem is encountered in the service and assistance area.

The content validity determined by the CVR was found to be very high for both the versions of the scales. This indicates that the contents of scale appropriately measure the barriers and extent of the impact on the functioning. Quantitative reviews were conducted for determination of the content validity of the instrument. During the quantitative review of the scale, none of the items of the scale were rated as “not essential” by the reviewers. Items 5, 11, and 22 were rated as “useful but not essential” by the reviewers. The CVR indicated good content validity of the scale. In the qualitative review, the raters stated no discrepancies or issues over any of the items.

Internal consistency calculated by Cronbach’s $\alpha$, test-retest value (ICC 2,1) and MDC were found higher for the longer version and SEM was smaller for the short version. Internal consistency reliability shows high-reliability score as that of the original scale and Chinese version.[2,6] The test-retest value was also high as that of the previous reporting.[6] Small estimations of SEM for both versions of the scales indicate that scores obtained were reproducible again. MDC provides an assessment of a relative improvement or deterioration. It would be beneficial to the clinician to determine whether there was true change over time with intervention.[18] The SEM was very small for both the versions of the scale indicating that the scores obtained are steady and reproducible again.

Better evaluation leads to better and accurate outcomes. The H-CHIEF will help the clinicians and rehabilitation team members of the spinal cord injured to measure the environmental barriers perceived by the spinal cord injury patients and help them to make realistic goals for the patients. The development of the scale in Hindi ensures that it would be easy to understand and comprehend the scale. A large number of people live in rural hinterlands of India; the particular scale will be highly useful in assessing the barriers they face in everyday life. They will be asked about their problem in native language, and this will be very effective as the meaning of the questions will not be lost during self-translations by the examiner. The H-CHIEF can also be used to make international comparisons and cross-cultural research studies.

The translation of the CHIEF into Hindi was done by Beaton manual guidelines. The Beaton manual is an accepted and widely used procedure for translation. The estimation of content validity and internal consistency was only done. Further studies can be done to calculate other psychometric properties of the scale.

**Conclusion**

The long and short Hindi CHIEF instrument has been found to have adequate content validity, internal consistency, test-retest reliability, and SEM on spinal cord injured population. The instrument can be used to assess environmental barriers perceived by spinal cord injury patients.
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Nil.

Conflicts of interest
There are no conflicts of interest.

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Appendix 1

कृपया पहले आप मुझे यह बताएं कि निम्न में से प्रत्येक, कितनी बार गतिविधियों में आपकी स्वास्थ्य की भागीदारी के लिए एक स्कोर करता है, जिससे आप प्रभाव प्रदान करता है। पिछले वर्ष के बारे में विचार करें, और मुझे बताएं कि नीचे उक्ती में निम्न प्रत्येक विषय आपको लिए किस तरह एक समय रहा है, दौरनिक, साक्षात्कार, मार्ग, किसी से कम, या कभी नहीं। यदि विषय एक समय के भीतर आप के साथ साथ आता है, तो यह बताएं कि जो गतिविधियां आपको भागीदारी करतीं हैं, आपने समय की भागीदारी से संबंधित विषय आपके लिए कितनी बड़ी समय रहा है।

(नोट: यदि किसी प्रमाण में विशेष रूप से स्कूल या कार्य के बारे में पूछा गया है और आप न तो स्कूल जाते हैं और न ही कार्यरत हैं, तो 'लागू, नहीं' पर टिक करें)

| नंबर | प्रश्न | हां | नहीं |
|------|------|-----|------|
| 1    | विलक्षण 12 महीनों में, कितनी बार पिलौड़ की उपचार का उपयोग करेंगे लिए एक समय करते हैं? | हां | नहीं |
| 2    | विलक्षण 12 महीनों में, कितनी बार आपके पास के नियंत्रण और नींद नेत्र, आप जो करना चाहते हैं या आपने करने की जगह है, उसके समय खड़ी की है? | हां | नहीं |
| 3    | विलक्षण 12 महीनों में, आप रूढ़ि या कार्य के लिए जिन आपको और आपने नहीं, अगर आप करना चाहते हैं या आपको करने की जगह है, उसमें पोस्टी फीद की है? | हां | नहीं |
| 4    | विलक्षण 12 महीनों में, अपने रास्ते में आप दिन आपको और आपने नहीं, आप जो करना चाहते हैं या आपको करने की जगह है, उसमें समय खड़ी की है? | हां | नहीं |
| 5    | विलक्षण 12 महीनों में, कितनी बार रास्ते के सानट-सानट लुइंदो की परीक्षा चलाते हैं, कितनी बार उनके दिन आपको और आपने नहीं, आप जो करना चाहते हैं या आपको करने की जगह है, उसमें पोस्टी फीद की है? | हां | नहीं |
| 6    | विलक्षण 12 महीनों में, कितनी बार आपके पास के अधिक पीड़ित और आपके पास के अधिक पीड़ित लिए एक समय करते हैं, जब भी आप करना चाहते हैं या आपको करने की जगह है, उसमें समय खड़ी की है? | हां | नहीं |
| 7    | विलक्षण 12 महीनों में, कितनी बार आप जो उसकी उपचार चलाते हैं या दिन आपकी उपचार चलाते हैं, जब भी आप करना चाहते हैं या आपको करने की जगह है, उसमें समय खड़ी की है? | हां | नहीं |
| 8    | विलक्षण 12 महीनों में, कितनी बार आपके पास के अधिक प्रतिभाओं के लिए एक समय करते हैं, जब भी आप करना चाहते हैं या आपको करने की जगह है, उसमें समय खड़ी की है? | हां | नहीं |
| 9    | विलक्षण 12 महीनों में, कितनी बार स्वास्थ्य सेवाओं और बिन्दुस्थित लोगों के लिए उपचार का उपयोग करते हैं, जब भी आप करना चाहते हैं या आपकी उपचार चलाने की जगह है, उसमें समय खड़ी की है? | हां | नहीं |

Contd...
| Table 1: Hindi-CHIEF Scale Items and Scoring Pattern |
|-----------------------------------------------|
| Item Number | Hindi Item | SC | SC | SC | SC | SC |
|-------------|------------|----|----|----|----|----|
| 1          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 2          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 3          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 4          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 5          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 6          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 7          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 8          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 9          | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |
| 10         | विश्वास की मात्रा की गति उद्योगों का नियंत्रण | 0  | 0  | 0  | 0  | 0  |

Contd...
### मौलिक स्वास्थ्य केंद्र ऑफिस में रीटर्न कॉटन— हिंदी

**Soni, et al.: Psychometric properties of Hindi-CHIEF instrument**

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समाज के एक साथ, उपचारक संस्थानों के ग्रामीण के लिए उपयोगी हिंदी-CHIEF विकल्प के प्रयोग का आवश्यकता है। इस निदेशित की भाविक दृष्टि में समस्या के रूप में यह उद्देश्य है जो अपने वर्तमान की आयु पर अपने ध्यान देने का प्रयास करता है।

इस प्रस्ताव का विषय जीवन और स्वास्थ्य से जुड़ा है, जिसके लिए अध्ययन के लिए एक संस्थान रहा है, जिसका उपयोग अन्य चौकोशिक उपकरणों के लिए भी है। इस निदेशित की भाविक दृष्टि में समस्या के रूप में यह उद्देश्य है जो अपने वर्तमान की आयु पर अपने ध्यान देने का प्रयास करता है।

(Please note: Certain parts of the text are translations from Hindi to English, denoted by the symbol “Contd...”)

| प्रश्न | विकल्प A | विकल्प B | विकल्प C | विकल्प D | विकल्प E | विकल्प F | विकल्प G | विकल्प H |
|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1    | पिलले 12 महीनों में, फिक्नी बार परीक्षा की कृतिव्योग की उपलब्धता आपके लिए एक समस्या रही है? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 2    | जब यह समस्या होती है, तो क्या यह एक बड़ी समस्या रही है या छोटी है? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 3    | पिलले 12 महीनों में, फिक्नी बार प्रकृतिक परवर्तन—तामाबन, भूराण, जलवायु ने, आप जो करना चाहते हैं या आपको करने की जरूरत है, उसमें परेशानी बढ़ी क्यों? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 4    | जब यह समस्या होती है, तो क्या यह एक बड़ी समस्या रही है या छोटी है? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 5    | पिलले 12 महीनों में, फिक्नी बार स्वास्थ्यीय विशेषज्ञ और विशेषज्ञीय विशेषज्ञ की उपलब्धता आपके लिए एक समस्या रही है? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 6    | जब यह समस्या होती है, तो क्या यह एक बड़ी समस्या रही है या छोटी है? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 7    | पिलले 12 महीनों में, फिक्नी बार अपने पर अपने दोषों को एक कारण की जताता पहले और यह आपके आस्थानी तथा नहीं भिड़ता है जिसमें आप प्रभाव कर सकते हैं या उन्हें समझ सकते हैं? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 8    | जब यह समस्या होती है, तो क्या यह एक बड़ी समस्या रही है या छोटी है? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 9    | पिलले 12 महीनों में, फिक्नी बार एक कारण से अपने दोषों को एक कारण की जताता पहले और यह आपके आस्थानी तथा नहीं भिड़ता है जिसमें आप प्रभाव कर सकते हैं या उन्हें समझ सकते हैं? | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |
| 10   | पिलले 12 महीनों में, फिक्नी बार आपने वास्तव में या बताया की समस्या का नाम किया | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ |

(Contd...
| संभावना | किसी भी अनावश्यक समस्या की संभावना | किसी भी अनावश्यक समस्या की संभावना | किसी भी अनावश्यक समस्या की संभावना | किसी भी अनावश्यक समस्या की संभावना | किसी भी अनावश्यक समस्या की संभावना |
|---------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 11      | पिछले 12 महीनों में, कितनी बार, आपको कामों और रियलिटी की नीतियों व फिल्मों के आदेश लेने की आवश्यकता होती है? क्याकरी अग्नि के समय यह एक बड़ी समस्या रही या छोटी? | ○                               | ○                               | ○                               | ○                               | ○                               |
| 12      | पिछले 12 महीनों में, कितनी बार, सरकारी कार्यकर्ताओं और मानवीय चुनौतियों के, आप जो काम करना चाहते हैं या आपको करने की जरूरत है, उसमें सभी अनावश्यक कीजिए: क्या यह समस्या अति है, तो क्या यह एक बड़ी समस्या रही है या छोटी? | ○                               | ○                               | ○                               | ○                               | ○                               |