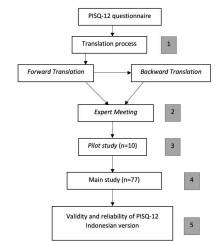


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Study Protocol of PISQ-12 Indonesian Version

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Protocol status: Working

We use this protocol and it's working

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Keywords: PISQ-12, Indonesian version, Pelvic floor disorders, sexual dysfunction, english into indonesian language, indonesian language, indonesian into english, indonesian version, translation result, translation process, reconstructive urogynaecology consultant, review for the questionnaire, indonesian, different translator, results of the translation, urogynaecologist, reliability of the questionnaire, backward translation procedure, translation, translator, rscm urogynecology polyclinic, urinary incontinence at the rscm urogynecology polyclinic, second questionnaire, questionnaire, questions on the questionnaire, question in this questionnaire, english version, study protocol, active female subject, pelvic organ prolapse, procedure

Abstract

1. Translation Process. We obtained PISQ-12 questionnaire from the English version of Int Urogynecol J Pelvic Floor Disfunct. 2004 May-Jun;15(3):219. We sent an email to Rebecca G. Rogers, MD asking for permission to translate and test the validity and reliability of the questionnaire into Indonesian language. The questionnaire went through forward – backward translation procedure. In this procedure, the translation process was converted from English into Indonesian language. The translation results were translated back from Indonesian into English by different translator.
2. A meeting was conducted to make concise judgement and review for the questionnaire using the face validation method and discussions between 2 translators and 6 urogynaecologists (reconstructive urogynaecology consultants) regarding the results of the translation for each question in this questionnaire.
3. We conducted an initial test (pilot study) towards 10 sexually active female subjects who had agreed to participate in the study by filling out the Indonesian version of the PISQ-12 questionnaire to see understanding, filling in time and difficulties experienced in answering questions on the questionnaire. A supervisor was assigned if participants faced any problems throughout this process.
4. Conduction of primary research. Respondents were recruited from patients diagnosed with pelvic organ prolapse and/or urinary incontinence at the RSCM urogynecology polyclinic who agreed to participate in the study (signed written informed consent). Subjects who met the criteria and were willing to take part in the study were then collected through medical records and filled out the Indonesian version of the PISQ-12 questionnaire through guided interviews by researchers or research assistants. Filling out of the second questionnaire was carried out 2 weeks later.
5. Data analysis. Data analysis was carried out to test the statistical validity and reliability of the questionnaire. We used Pearson test to get the value of r . If the r test value is greater than the r table value, the result was declared valid. The reliability test was carried out by looking for the alpha value with the Cronbach's alpha test. If the alpha value was greater in the r table, then the questionnaire was declared reliable.

