



Title	Cross-cultural adaptation of the SF-36 and SF-12 Physical and Mental Summary Scales on a Chinese Population (abstract)
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CROSS-CULTURAL VALIDATION OF THE CONCEPTS OF THE SF-36 ON A CHINESE POPULATION

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Background: The SF-36 was developed in the USA based on Western conceptualization of health-related quality of life which might not be applicable to the Chinese culture. The aim of this study was to test the conceptual validity of the SF-36 on a Chinese population to find out if the instrument was applicable to one of the world's oldest culture. Methods: The Chinese (HK) SF-36 was administered by telephone to 2410 Chinese adults randomly selected from the general population in Hong Kong. The SF-36 scores of the sample were tested against three hypotheses on conceptual validity of the original SF-36: 1. Factor analysis should show two principal factor components. 2. The order of item-cluster means should follow the hypothesized order from high to low levels of function or health status. 3. People who are known to have different health status should have the expected difference in their SF-36 scores (known group comparison). Results: Factor analysis showed a two principal physical and mental factor structure in the overall sample as well as different age and sex groups although there were some discrepancies in the relative factor loading of some scales in the elderly. The order of the item-cluster means of the SF-36 scores of our subjects were the same as that hypothesized except for one item each in the Role-physical, General Health and Role-emotional scales. The same order was observed in the overall sample, and different age and sex groups. People with chronic diseases had significantly lower mean SF-36 scores than those without. Physical diseases were associated with more reduction in the scores of scales with a strong physical factor loading and psychological diseases were associated with more reduction in the scores of scales with a strong mental factor loading. Conclusion: The SF-36 satisfied almost all the tests on conceptual validity when it was tested on the general Chinese adult population in Hong Kong. The relative functional meaning of a few SF-36 items might be different between the Chinese and Western cultures but this should not affect the cross-cultural applicability of the instrument to the Chinese.

September 3, 1998

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This abstract refers to Topic # 27 and Topic #17

WHAT ARE THE IMPORTANT HEALTH CONCEPTS FOR THE CHINESE?

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The aim of this study was to explore what the important health concepts are among the Chinese in Hong Kong. A convenience sample of 73 adults who attended a family medicine clinic in Hong Kong were each interviewed individually by the same trained interviewer with a semi-structured questionnaire that contained open ended questions about health concepts and closed ended demographic questions. All the answers were recorded by writing, the answers to the open-ended questions were reviewed for major themes. The answers were then grouped under these themes. The age of the subjects ranged from 18 to 81years, 77% were females, 88% of them were from the working class and 28% were illiterate. The concepts that were thought to be most important to health were physical functioning and emotional state, other important health concepts were daily activities, social function, health deterioration, eating habits, work and daily habits. Most people would be satisfied with a physical ability of walking; feeling happy and feeling calm were the most desired emotional state; daily activities that were important included daily exercise, housework, work, moving objects and entertainment; talking with others and eating were the main social functions. The health concepts that were perceived to be important by the Chinese in Hong Kong were similar to those of the MOS SF-36. However, the levels of functioning expected by most Chinese people were quite modest. This might be the reason why our other study found that Chinese people scored higher on physical and social functioning but lower in mental health and role-emotional functioning on the SF-36 than Americans.

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