OBJECTIVES:
Increasingly, Interactive Voice Response Systems (IVRS) are being used to collect PRO data in clinical trials. The objective of this presentation is to present the issues that are particular to the translation of IVRS scripts.

METHODS:
Standard methodologies were employed: two forward translations and their reconciliation, two back translations and back translation review, or an in-country review of existing translation; clinician review or client review and linguistic validation interviews with 5 members of the target population in each country; two proof readings and sometimes a clinician review of the recording.

RESULTS:
Translation issues were both linguistic and cultural and were highlighted in reconciliation, back translation review and pilot testing stages. Many were specific to IVRS translations and included:—The assumption that a uniform response option can be used across items cannot be made in translation.—Recording of time can be problematic, e.g. many countries do not use the 24 hour clock, or AM/PM.—Prompts cannot necessarily be fragmented in other languages in the same way that they can in English.—Technical terminology can be problematic in terms of patient understanding eg PIN number or IVR.

CONCLUSION:
If a number of questions use the same responses in English, do not re-use in other languages as in some cases the response has to tailor to the question. Consideration needs to be given to the use of 24 hour clocks or alternative methods to record time in different countries. Never fragment sentences. This ensures that the correct meaning is translated. A glossary should be provided to explain technical or unfamiliar terms. Instructions need to be simple for IVRS use and examples should be given wherever possible to help the patients understand what is being asked of them.