linguistic differences between China and North America or Western Europe where PROs tend to be developed. The objective of this study was to identify some of the linguistic and cultural differences between English and Mandarin as well as cultural differences between North America and Western Europe and China. METHODS: Five questionnaires related to health status and quality of life were reviewed and the cultural and linguistic issues arising during different stages of the translation process were examined. RESULTS: Numerous cultural and linguistic issues became apparent throughout the review, including: (1) Mandarin does not employ superlatives so “the worst” was translated as “extremely bad”; (2) some patients did not understand how to complete a VAS although the words themselves were clear; 3) there is no specific benefit of “disability compensation” in China—this is a general benefit which can include pensions; 4) Private clinics where respondents receive acupuncture and massage are very common in China so additional categories had to be added to a resource utilization measure; 5) in Mandarin questions cannot begin with “how often;” instead they are phrased “does it often;” 6) with response options such as “never,” “sometimes,” appropriate responses can still be chosen; and 6) Low levels of obesity in China made recruitment for the linguistic validation of an obesity measure difficult. CONCLUSIONS: An increasing number of clinical trials take place in China. The issues raised above show some of the linguistic differences between English and Mandarin, and cultural differences between Western Europe / North America and China. These and other issues are important to consider when selecting, developing and translating measures for use in China.