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MEASURING HEALTH AND DISABILITY OF UKRAINIAN MILITARY CADETS – TRANSLATION AND CROSS-CULTURAL ADAPTATION OF THE WHODAS 2.0

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Introduction. The WHODAS 2.0 questionnaire is used internationally to assess disability [3]. The tool exists in different language versions and continues to be actively translated and adapted by scholars from different countries [1, 2, 4, 5, 6]. The Ukrainian version of the questionnaire has not existed so far [7, 8].

The aim of the study was to carry out cross-cultural adaptation and validation of the Ukrainian version of WHODAS 2.0.

Materials and methods. The World Health Organization (WHO) gave the Lviv State University of Physical Culture permission to translate and distribute WHODAS 2.0. (36 items for self-administered). The questionnaire was translated according to the WHO protocol. The discussion of terminology used in the Ukrainian version of the questionnaire, compliance with the cultural characteristics of the Ukrainian-speaking population and professional expertise involved practicing rehabilitation experts who also have experience in scientific work.

The translated questionnaire was tested among 256 cadets of the higher military Academy.

Assessment of the level of disability (WHODAS 2.0), quality of life (MOS-SF-36) and the presence of complaints of injuries and pain during training. Also, correlations between the evaluated indicators were analyzed.

Results. In this study, we performed a translation into Ukrainian of WHODAS 2.0 (36 items, for self- administered). The results of the first study on the analysis of WHODAS 2.0 indicators among Ukrainian cadets of military Academy, which are characterized by a high level of physical activity and efficiency, young age, are presented. Compared with the normative indicators for the general population, the average values of the studied sample were lower by 90 and 95 percentiles and were 35.28 and 26.42 points, respectively.

Most of the quality of life indicators of the respondents were at a high level. The level of vitality with a feeling of fatigue and reduced efficiency was critical for the respondents. Respondents underestimated their own health and complained of anxiety.

The overall score of the WHODAS 2.0 questionnaire correlates with the values of the MOS SF-36 questionnaire scales. Numerous negative moderate or significant correlations were also found between all MOS SF-36 questionnaire scales and WHODAS domains. The strength and number of correlations in the study group are lower than in populations with significant health disorders.

Conclusions. The Ukrainian version of the 36-item WHODAS 2.0 questionnaire is easy and suitable to use in the self-administered form to assess the health, functioning and disability of the general population. This tool will contribute to more effective clinical practice of clinical professionals, in particular in rehabilitation, and will enable the integration of research results related to the assessment of the level of disability at the national and international levels.

Key words: International classification of functioning, rehabilitation, activity of daily living, questionnaire.

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