

Determination of the reliability and validity of the UNC TR_xANSITION scale
Filipino version to measure the components of health care transition from pediatric to
adult care

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INTRODUCTION

Transition programs are currently accepted adjuncts in the continuing management of adolescents with chronic illnesses, as they move on to adult health services.¹ Pediatric health care starts from the age of 0 to 18 years and 364 days. Medical advancements in diagnosis and treatment have improved the management of these patients' illnesses so that they are now able to survive up to 20 years old and beyond.^{1,2,3} Patients who are transitioned properly were shown to have improved follow-up, disease control and overall quality of life.^{4,5,6,7}

In recent years, structured transition programs were developed by several investigators here, *the PGH Transition Program (Lipat Kalinga)*,⁸ and abroad, *UNC Program*,⁹ addressing the needs of adolescents prior to transfer to adult services. An integral component of the UNC and LK programs is the use of the TRxANSITION Scale¹⁰ which measures the transition readiness of adolescent patients using the following components of health-care transition from pediatric to adult health care: *T* – Type of Illness, *Rx* – Medications, *A* – Adherence, *N* – Nutrition, *S* – Self-management, *I* – Issues of Reproduction, *T* – Trade/School, *I* – Insurance, *O* – Ongoing Support, *N* – New Health Care Providers. This scale consisting of 33 relevant questions underwent a validation study and was subsequently found to be a reliable and advantageous tool because of (1) the ease of use (questionnaire form with a simple scoring method), (2) short time period needed in administration of the questionnaire (it requires approximately 7-8 minutes to administer), and (3) nondisability-specific. The validation study also showed that the total score increased with advancing age – an increase in the total score by one point for each year added. Among the study's recognized limitations, however, is that *it cannot be used in non-*

English-speaking patient populations. Ferris et al recommended that further development of this instrument should take this limitation into consideration.

It is in this light that a Filipino version of the UNC TRxANSITION Scale adaptable for local use is hereby tested for validity and reliability among various chronic diseases.

OBJECTIVE

To validate the **UNC TRxANSITION scale Filipino version** among 15-18 year old adolescents with various chronic illnesses seen at a general hospital in Metro Manila.

METHODOLOGY

Study Design

Cross-sectional

Validation Study

Study Setting

Study Period: March to August 2015

Location: Philippine General Hospital

Study Population

Inclusion Criteria: Adolescent patients, aged 15-18, seen at the Philippine General Hospital's Pediatric Out-Patient Department from March to August 2015 with chronic illness.

Exclusion Criteria: Patients who cannot comprehend the Tagalog language or are not able to respond due to developmental/intellectual disability or are language-impaired.

Sample Size Calculation:

The sample size was computed using the following formula:

$$N = \frac{z^2 p(1-p)}{e^2}$$

Where N is the required sample size for infinite population, z is the given z score (1.96 for 95% confidence level), e is the amount of acceptable error (0.05 for 5% margin of error), and p is the expected variance.

Since the actual sample size was computed based on the study by Ferris, et. al¹⁰ which used a sample size of 128, the actual sample size will be computed as follows:

$$n = \frac{N}{1 + \frac{(N-1)}{P}}$$

Where n is the actual sample size needed, N is the required sample size for infinite population, and P is the sample size based on the study by Ferris, et. al (2012).

$$n = \frac{384}{1 + \frac{(384-1)}{128}}$$

$$\mathbf{n = 96}$$

Phases of the Study

Phase I: Translation, Back Translation

Permission from the authors/developers (Ferris, et al) to develop a Filipino version of the UNC TRxANSITION Scale was obtained.

The English (original) version was translated by language experts from the Department of Filipino of the University of the Philippines. The translated questionnaire was then back-translated by another expert from the Clinical Epidemiology Unit of the University of the Philippines (Dr. Noel Juban). An initial survey using the new translated version was done on 11 chronic kidney disease patients of the Lipat Kalinga program.

Phase II: Pretesting the Questionnaire (Pilot Testing)

The translated questionnaire was pretested on 15 respondents (15% of the target population) with similar characteristics to the study population, following assent from the pediatric respondents. Respondents were interviewed to determine their understanding and attitude toward the questionnaire. Suggestions regarding the phrasing or wordings were recorded. Appropriate revisions were subsequently done until the final set of questions to be included was devised. **The involvement of the participants in the study lasted for approximately 10 to 20 minutes.**

Phase III: Administering the Questionnaire

After piloting and modification (when necessary), reproduction of the questionnaire was done. The questionnaire was administered to the respondents of the study population who had assent. They were then given ample time to answer the

entire test. The involvement of the participants in the study lasted for approximately 10 to 20 minutes.

Phase IV: Coding

The data from the questionnaire was encoded by the investigator with the assistance of a statistician.

Phase V: Analysis

The data was analyzed using STATA software to test for the following:

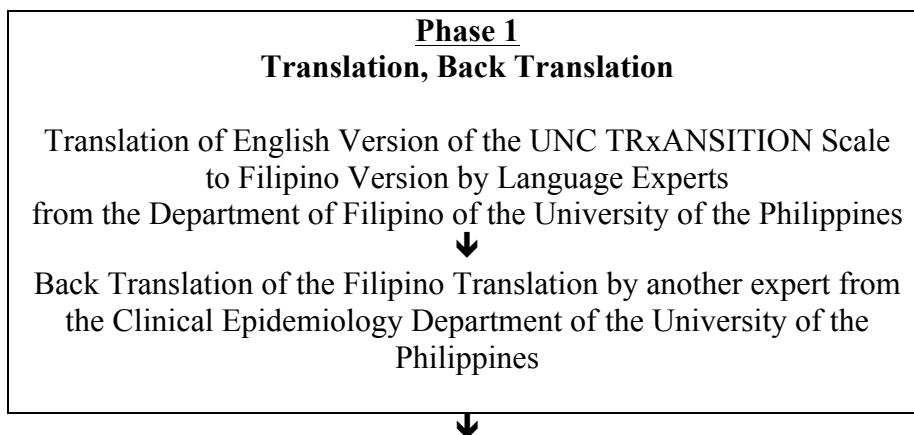
A. Reliability

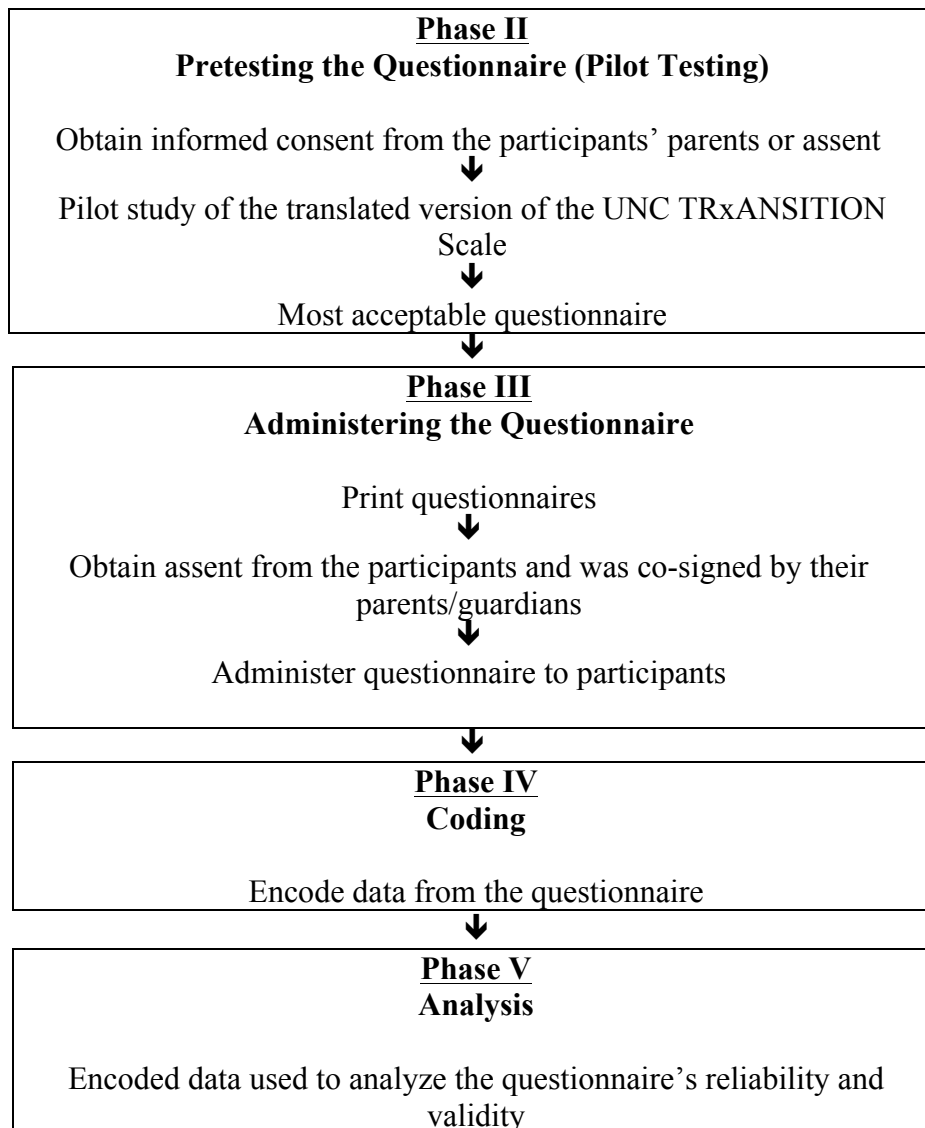
The study tested for the internal consistency and repeatability of the questionnaire using cronbach's alpha.

B. Validity

The study tested for the content validity, construct validity using both the individual reliability coefficient and scale reliability coefficient, and predictive validity of the questionnaire.

Figure 1: Methodology for the questionnaire development and validation





ETHICAL CONSIDERATIONS

This research protocol was submitted to the University of the Philippines, Manila, Research Ethics Board (UPMREB) Panel for ethics review and approval. The study was conducted only upon approval from the UPMREB Panel. All the investigators underwent Good Clinical Practice Workshop to ensure an ethically sound conduct of the research. All patient information gathered was strictly kept confidential, and the patients' anonymity was protected. This study was funded solely

by the primary investigator. There is no conflict of interest with other agencies arising from this study.

The patients did not incur any physical, social, or economic risks. During the study, no psychological issues arose from answering the questionnaire. Had there been any, they would be properly addressed by the Adolescent Medicine Service as all patients were to be co-managed by their service.

This study will benefit the participants as the questionnaire will help both the primary services and Adolescent Medicine service to detect that gaps or deficiencies of the participants in terms of their knowledge about their disease, their medications, their adherence to medical management, their knowledge about their nutrition, their ability to manage their own health or health care needs, and other psychosocial issues.

RESULTS

Table 1. Participant Characteristics

Age Range	15-18 years	n = 96
Sex	Female	57 (59%)
	Male	39 (41%)
Type of Chronic Diseases	Oncology (<i>leukemia, lymphoma, etc.</i>)	26 (27%)
	Endocrinology (<i>diabetes mellitus, thyroid diseases, pituitary diseases</i>)	22 (23%)
	Nephrology/Rheumatology (<i>nephrotic syndrome, chronic kidney disease, systemic lupus erythematosus, hypertension</i>)	16 (17%)
	Cardiology (<i>Rheumatic Heart Disease, Congenital Heart Disease</i>)	12 (13%)
	Pulmonology (<i>Asthma</i>)	6 (6%)
	Neurology (<i>Epilepsy</i>)	5 (5%)
	Others (<i>chronic hepatitis B infection, HIV, other types of congenital anomalies,</i>	9 (9%)

<i>other types of arteritis and connective tissue diseases)</i>		
Insurance Status	PhilHealth member	42 (44%)
	None	54 (56%)

Table 1 shows us that the participants in the study were mostly female (59%). Majority of them were being seen by the oncology service (27%), followed by the endocrinology service (23%) and nephrology/rheumatology services (17%). Most of them do not have any form of health insurance (56%). All of the health care insurance membership belonged to the national health insurance program (PhilHealth) and none of them have a private health care insurance membership.

Table 2. Raw Score Means and Standard Deviations of the *UNC TRxANSITION Scale Questionnaire Filipino Version 2*

Subscale	Raw Score Mean	Standard Deviation
<i>Uri ng karamdamang matagal nang di gumagaling (T)</i>	0.94	0.15
<i>Mga gamot (Rx)</i>	0.91	0.19
<i>Pagsunod sa instruksyon o bilin (A)</i>	0.87	0.21
<i>Nutrisyon (N)</i>	0.88	0.16
<i>Kasanayang pamahalaan ang sarili (S)</i>	0.62	0.39
<i>Kaalaman tungkol sa mga isyung reproductive health (I)</i>	0.42	0.4
<i>Trabaho/pag-aaral (T)</i>	0.90	0.2
<i>Insurance (I)</i>	0.53	0.43
<i>Patuloy na suporta (O)</i>	0.90	0.21
<i>Mga bagong healthcare providers (N)</i>	0.62	0.45

The UNC TRxANSITION Scale consists of a total of 33 items with 10 subscales or domains. The following domains are as follows: uri ng karamadamang matagal nang di gumagaling (*T*), mga gamot (*Rx*), pagsunod sa intruksyon o bilin (*A*), nutrition (*N*), kasanayang pamahalaan ang sarili (*S*), kaalaman tungkol sa mga isyung reproductive health (*I*), trabaho/pag-aaral (*T*), insurance (*I*), patuloy na suporta (*O*),

mga bagong healthcare providers (*N*). Table 2 shows the raw score means and standard deviations for each of the subscales.

Table 3. Correlation of individual questions with subscale and the correlation of each subscale with the total score for the *UNC TRxANSITION Scale (Filipino version 2)* compared to the *UNC TRxANSITION Scale (Ferris et al.)*¹⁰

Subscale	Individual Question	Correlation of individual question with subscale (Internal Consistency, α)		Correlation of each subscale with the total score (Cronbach's Alpha, α)	
		English version	Filipino version	English version	Filipino version
Type of Disease (T)	1	0.64	0.80	0.74	0.76
	2	0.74	0.81		
	3	0.78	0.86		
Medication (Rx)	4	0.70	0.82	0.61	0.83
	5	0.69	0.85		
	6	0.73	0.80		
	7	0.74	0.79		
Adherence (A)	8	0.82	0.81	0.49	0.62
	9	0.85	0.86		
	10	0.44	0.64		
Nutrition (N)	11	0.60	0.73	0.52	0.35
	12	0.74	0.76		
	13	0.70	0.70		
Self-Management (S)	14	0.64	0.84	0.64	0.93
	15	0.71	0.85		
	16	0.68	0.90		
	17	0.63	0.92		
	18	0.42	0.82		
	19	0.61	0.87		
20	0.44	-			
Issues on Reproductive Health (I)					

	21	0.65	0.86	0.53	0.85
	22	0.50	0.89		
	23	0.48	0.80		
	24	0.75	0.84		
Trade/School (T)					
	25	0.42	0.34	0.62	0.53
	26	0.54			
Insurance (I)					
	27	0.69	0.92	0.70	0.94
	28	0.74	0.96		
	29	0.73	0.90		
	30	0.71	0.90		
Ongoing Support (O)					
	31	-	-	0.34	-
New Health Care Providers (N)					
	32	0.81	0.90	0.57	0.95
	33	0.79			

Reliability Testing

Table 3 shows us the result of the correlation of the individual items or questions with the subscale (*internal consistency*) for both the English and the Filipino version of the scale as well as the result of the correlation of each subscale with the total score (*Cronbach's alpha*). As shown in Table 3, almost all of the items showed strong correlation with their corresponding subscale ($\alpha \geq 0.7$) except for item #10 under Adherence and items #25 and #26 under Trade/School which showed only moderate correlation with their corresponding subscales ($\alpha \geq 0.3$). These results are similar to the results seen in the study of Ferris, et al.¹⁰ which showed a moderate to strong correlation for each items in the English version of the UNC TRxANSITION scale. Further revision of the translation of the abovementioned items as well as development of additional culture-specific items for these subscales may help

improve their reliability. Item #20 under Self-management was dropped from the analysis since it was not applicable to most of the participants; the item was only applicable to only 7 participants out of the 96 (7%). For items under Trade/School (Item #25 and #26) and New health care providers (Item #32 and #33), no individual correlation value was computed since there are only 2 items in the subscale. Computation of their individual correlation value will yield the same result. Hence, only one value computed for both items. Item #31 under Ongoing support was also dropped from the analysis since there is only one item in the subscale. A minimum of 2 variables was needed to get the correlation.

The study also analyzed the correlation of each subscale with the total score. The result of the data analysis for the Filipino version showed similar results to that of the English version. The Filipino version showed moderate to strong correlation with a Cronbach's alpha ranging from 0.35 to 0.95. This is similar to the correlation of the English version with a Cronbach's alpha ranging from 0.34 to 0.74.¹⁰

Preliminary Validity Estimates

Table 4. Data analysis of the pilot tests of versions 1 and 2 of the UNC TRxANSITION Scale (Filipino version)

	Item Number	Individual Reliability Coefficient		Scale Reliability Coefficient	
		Version 1	Version 2	Version 1	Version 2
Type of Disease (T)					
	1	0.39	0.83	0.49	0.84
	2	0.58	0.75		
	3	0.14	0.81		
Medication (Rx)					
	4	0.83	0.83	0.87	0.88
	5	0.81	0.85		
	6	0.85	0.94		
	7	0.86	0.91		

Adherence (A)					
	8	0.54	0.82	0.51	0.81
	9	0.43	0.79		
	10	0.69	0.85		
Nutrition (N)					
	11	0.43	0.87	0.40	0.82
	12	0.47	0.77		
	13	0.33	0.83		
Self-Management (S)					
	14	0.51	0.80	0.54	0.83
	15	0.65	0.89		
	16	0.37	0.85		
	17	0.38	0.78		
	18	0.49	0.91		
	19	0.49	0.87		
	20	-	-		
Issues on Reproductive Health (I)					
	21	0.31	0.85	0.42	0.86
	22	0.27	0.87		
	23	0.47	0.85		
	24	0.55	0.84		
Trade/School (T)					
	25	-	-	0.34	0.83
	26				
Insurance (I)					
	27	0.45	0.75	0.72	0.83
	28	0.62	0.82		
	29	0.74	0.84		
	30	0.74	0.84		
Ongoing Support (O)					
	31	-	-	-	-
New Health Care Providers (N)					
	32	-	-	0.17	0.78
	33				

The development of the original English version of the UNC TRxANSITION Scale underwent key steps necessary to ensure that the items included in the tool will be able to assess the health-care transition readiness of adolescents by measuring their

knowledge and skill mastery on the key areas necessary for proper health-care transition. These key steps are as follows: the “thorough review of the health-care transition literature to identify evidence-based areas of concern with respect to the knowledge and skills necessary for a successful health-care transition, interviews with national and international experts in the field of health-care transition”, and finally the establishment of the 10 conceptual domains based on the initial steps in the development.¹⁰ These steps helped establish the good content validity of the tool. A content validity analysis was not done in this study since it is only validating a translated version of an already valid tool.

To validate whether a certain group of participants (e.g. Filipino adolescents) understands the construct or the direction of the scale, a construct validity analysis was done. Construct validity refers to the ability of a tool to adequately assess an abstract concept (i.e., health-care transition readiness) or a “construct” that it intends to assess. It is assessed using several lines of evidence including content validity. “No simple metric can be used to quantify the extent to which a measure can be described as construct valid”.¹⁵ Using the individual reliability coefficient and scale reliability coefficient as guide, the Filipino translation of the scale underwent several revisions until it met an acceptable coefficient value of at least 0.7. As seen in Table 4, the version 1 of the Filipino translation of the scale failed to meet a desired individual reliability coefficient and scale reliability coefficient of at least 0.7. After the revision, an analysis of the 2nd version showed good individual reliability coefficient (0.75 to 0.94), as well as scale reliability coefficient (0.78 to 0.88). Based on the result of the individual reliability coefficient and scale reliability coefficient of the Filipino translation after the revision and in the background that the original English version of

the UNC TRxANSITION scale has good content validity, we can surmise that the version 2 of the Filipino translation of the scale showed good construct validity.

The predictive validity of a given test involves comparing the results of a certain test administered to a group of subjects being tested for a certain construct (e.g. health care transition) at 2 different times (e.g., pre-transition and post-transition or re-administration of the test after several months or years). In this study, predictive validity cannot be tested due to the limitation in the study period. The test was only administered at one point in time for each participant.

DISCUSSION

Transitioning from pediatric to adult health care is often not an easy task. Patients with chronic illnesses are burdened by the disease for years until they reach adulthood. Chronic illnesses, as defined by Goodman, et al, are “conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living.”¹² Common chronic childhood illnesses include asthma, congenital heart disease, diabetes mellitus, malnutrition (both under nutrition and over nutrition), chronic kidney diseases, hematologic conditions such as hemophilia, acute lymphocytic leukemia, congenital anomalies, neurodevelopmental disabilities including cerebral palsy, attention-deficit/hyperactivity disorders and autism spectrum disorders.^{2,3} Medical advancement has improved our management of these illnesses such that patients now have longer survival time period. More and more children with chronic illnesses survive to an age where they have to be transition into adulthood. The transition to adulthood in a normal, healthy adolescent is a challenging process and the burden of a chronic illness becomes an additional stressor to an already difficult situation.⁹ For this reason, a “bridging” process, or *transitioning*, is needed

for the continuity of care and for the children to be prepared for self-management or independence which is characteristic of adult health care.

In 2011, both the International Society of Nephrology (ISN) and International Pediatric Nephrology Association (IPNA) released a joint policy statement supporting the need for an individualized transition process for these young patients with focus on self-management skills and assessment of support structures.^{1,11}

Increasing awareness of the importance of these transition programs brought about the development of different transition care models and transition readiness assessment tools. At the core of these programs is the goal of optimizing these patients' quality of life by promoting their "skills in communication, decision-making, assertiveness, and self-care to enhance a sense of control and independence of health care".¹³ McPheeters, et al. gave a summary of the different transition programs around the world which included programs for pediatric liver and kidney transplant recipients, adolescents and young adults with type I diabetes, sickle cell disease, long-term physical disability, spina bifida, HIV, cystic fibrosis, congenital adrenal hyperplasia, inflammatory bowel disease, epilepsy, and juvenile idiopathic arthritis.¹³ Locally, the Section of Nephrology, Department of Pediatrics of the Philippine General Hospital piloted a transition program, which they call *Lipat Kalinga*⁸ in 2008. In 2014, the Philippine Society of Nephrology (PSN) also launched its PSN Transition Program for adolescents with chronic kidney diseases.

Transition readiness assessment tools are useful instruments that may aid members of the health care transition team (pediatricians, internists, adolescent medicine specialists, transition nurses, nutritionists, social workers, and teachers) in evaluating the ability of adolescent patients to successfully transition into the adult

health care system. These tools measure the mastery of core competencies in self-management, both knowledge and skills, which are necessary for a smooth health care transition. Zhang, et al. did a systematic review of the psychometric properties of readiness assessment tools made for adolescents with chronic diseases.¹⁴ In this study, they reviewed 10 transition readiness assessment tools. However, only 3 out of the 10 tools are disease-neutral. These 3 tools are the UNC TRxANSITION Scale, the Self-Management Skills Assessment Guide, and the Transition Readiness Assessment Questionnaire (TRAQ). Both the UNC TRxANSITION Scale and the TRAQ Scales showed good content validity. However, among these 3 tools, only the UNC TRxANSITION allowed for cross-referencing of the different domains with the medical records.

The UNC TRxANSITION Scale was created to help the assessment and monitoring of the health care transition process of adolescent patients with chronic illness. As mentioned above, it consists of ten (10) subscales or domains of disease knowledge and self-management skills, which are needed for adolescent patients to attain before transferring from the pediatric to the adult health care system. It was initially developed for use among adolescent patient with chronic kidney disease. However, because it is disease-neutral, its usefulness is not limited to chronic kidney disease alone, but it may be used for other chronic illnesses. It is a clinically practical tool for several reasons. First, it is easy for any health care professional to administer it as long as they have been trained to use it. Second, only a short time is needed to administer it.¹⁰ In this study, the administration of the tool only required 10-20 minutes. The UNC TRxANSITION Scale allowed cross-referencing with the medical records. This allows the physicians to immediately compliment the patient for their mastery of certain knowledge and/or skills (should they score high on these subscales

or domains) and help them in improving and focusing on certain skills that they need to perform more adequately (should they score low on these subscales or domains).⁹ Knowing what domains their patients are weak on aids physicians and other members of the health care transition team in planning activities that will help address these weaknesses. Ferris, et al. did not mention an acceptable total score for that scale prior to transitioning the adolescent patient.¹⁰ Further studies may be necessary to determine the acceptable total score that will ensure a successful transition of an adolescent with chronic disease.

The UNC TRxANSITION scale Filipino version was conceptualized due to the limitation of its English version – that it cannot be used in non-English speaking populations. The Filipino version showed moderate to strong correlation with a Cronbach’s alpha ranging from 0.35 to 0.95 similar to the correlation of the English version with a Cronbach’s alpha ranging from 0.34 to 0.74.¹⁰ Although comparable with its English version, the Filipino version of the scale may still benefit from further development to achieve strong correlations for all the subscales. Items with moderate correlations may be further improved by rewording or rephrasing these items (such as avoiding words that are open to wide interpretation, like “often”¹⁶ or “madalas”) or adding culture-specific items to these subscales. The Filipino version of the UNC TRxANSITION Scale underwent several revisions using the individual reliability coefficient and scale reliability coefficient as guide. The analysis of the 2nd version of the Filipino translation of the scale showed good individual reliability coefficient (0.75 to 0.94), as well as scale reliability coefficient (0.78 to 0.88). Based on these results and with the premise that the original English version had good content validity, we can assume that the UNC TRxANSITION Scale Filipino version 2 showed good construct validity.

However, it shares similar limitations with its English counterpart. In the study, convenience sampling was also done. The patients in this study were only limited to patients seen in the public health care system and not those seen in the private practice. Also, the patients were also interviewed with the parents inside the room, which may have an effect in the patients' responses. The third limitation of this scale is its application to Tagalog-speaking adolescent patients only. This tool cannot be used for those who do not speak or understand Tagalog as well as those with cognitive impairment.

CONCLUSION

The UNC TRxANSITION Scale (Filipino version) has good validity and reliability similar to its English counterpart.

RECOMMENDATIONS

The following are the recommendations of this study:

1. A follow up study be done to test for the predictive validity and the inter-rater reliability of the UNC TRxANSITION (Filipino Scale)
2. Further study be done to determine the acceptable total score of the UNC TRxANSITION Scale Filipino version that will ensure a successful transition of a Filipino adolescent with chronic disease
3. Further development of the Filipino version be done to have a strong correlation for all subscales of the Transition scale, particularly the adherence, nutrition, and trade/school subsets

4. Further development of the Filipino version be done, particularly the ongoing support subscale, to be able to measure the reliability of this subscale.
5. Training in administration and scoring of the tool be done among health care professionals involved in the transition program.

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APPENDIX A. TRxANSITION SCALE FOR PATIENTS (Filipino Version 1)

Code No.: _____ Transition ID ng Bata: _____
MR # ng Bata: _____ Petsa ng Pagsusuri: _____
Kabuuang Bilang ng TRANSITION Score: _____ sa _____ (bilang ng itinanong)

UNC TRxANSITION Scale for Adolescents and Young Adults (Filipino Version)

Instructions: Basahin ang mga tanong sa pasyente and bilugan ang sagot na pinakanagsasabi ng sagot ng pasyente. Hindi lahat ng tanong ay dapat sagutin ng bawat pasyente. Sa pagkakataong iyon, hatiin ang bilang ng sagot sa dami ng tanong na sinagutan ng pasyente upang makuha ang "Proportion".

T: Uri ng Karamdamang matagal nang di gumagaling		TAMA (1)	DI- TIYAK (0.5)	HINDI ALAM (0)
1	Anong tawag mo sa iyong sakit? (Kung hindi niya maitindihan ang tanong, itanong: "Bakit nagpapatingin ka sa doktor?") Isulat ang eksaktong tugon ng pasyente. _____			
2	Anong mga sintomas ang iyong nararamdaman dahil sa sakit na ito? (Kung hindi naintindihan ang tanong, gamiting ang halimbawa: "Kung sinisipon ka, kadalasang meron kang tumutulong sipon, ubo, lagnat, atbp. Ano ang mga palatandaang nakikita mo sa iyong sakit?)			
3	Papaano nito naaapektuhan ang iyong kalusugan sa hinaharap? (Gamitin ang sumusunod kung nahirapan silang intindihin ang tanong: Isipin mo ang mabuti at masamang mangyayari dahil sa iyong (banggitin ang sakit).			
Proportion (T)				

Rx: Mga Gamot		Lahat (1)	Kaunti (0.5)	Wala (0)
4	Anong mga gamot, bitamina at/o iba pang supplements ang sinabi ng iyong doktor na dapat inumin para sa kondisyon ng iyong kalusugan? (Isulat ang mga gamot, bitamina at/o supplements na dapat ay iniinom ng pasyente at bilugan ang bawat pangalang babanggitin) _____ _____ _____			
5	Kailan dapat iniinom ang ... (Banggitin ang bawat gamot, bitamina, supplement na sinabi ng pasyente)?			
6	Para saan ang mga iniinom na gamot ? (Banggitin ang bawat gamot, bitamina at/o supplement na sinabi ng pasyente)?			
7	Ano ang maaaring mangyari kapag hindi mo ininom ang mga gamot na pinainom sa'yo ng doktor?			
Proportion (Rx)				

A: Pagsunod sa Instruksyon o Bilin		OO (0)	MINS AN (0.5)	HINDI (1)
8	Sa isang tipikal na lingo, pumalya ka bang uminom ng gamot sa isang buong araw dahil sa nakaligtaan mo lang o talagang ayaw mo itong inumin?			
9	Nakakalimutan mo bang inumin ang iyong gamot araw – araw?			
10	Nakakalimutan mo bang magpupunta sa iyong duktor sa takdang araw ng konsultasyon?			
Proportion (A)				

N: Nutrisyon		OO (1)	ILAN (0.5)	HINDI (0)
11	Kung bumibili ng pagkain, binabasa mo ba ang impormasyong pangkalusugan na nasa likod nito kung ito ba ay naaangkop sa iyong kalusugan?			
12	Mayroon ka bang sinusunod na espesyal na diet dahil sa iyong karamdaman?			
13	Ano ang mga halimbawa ng mga pagkaing dapat o hindi mo kainin?			
Proportion (N)				

S: Kasanayang Pamahalaan ang Sarili		OO (1)	MINS AN (0.5)	HINDI (0)
14	Madalas mo bang naaalala na kailangan mong uminom ng iyong mga gamot?			
15	Kinakailangan bang madalas kang paalalahanan ng iba upang uminom ng gamot? (Kung OO ang sagot, ang katumbas na score ay 0)			
16	Pumupunta ka ba o tumatawag sa botika o parmasya upang mag-“refill” ng iyong gamot? (Kung hindi nila maintindihan ang tanong, itanong “Kung ubos na ang gamot mo, ikaw ba mismo ang pumupunta sa botika o parmasya para bumili ng iyong gamot?”)			

17	Ikaw ba mismo ang kumukuha ng ni-“re-refill” na gamot sa botika? (Kung walang lisensya sa pagmamaneho: Sumasama ba kayo sa iyong magulang at sinasabi sa botika kung anong gamot ang bibilhin?)			
18	Tumatawag ka ba o nag-e-“email” sa iyong duktor kung meron kang katanungan o kung hindi mabuti ang iyong pakiramdam?			
19	Ikaw ba mismo ang gumagawa ng sariling “appointment” sa duktor?			
20	(Kung naaangkop) Ikaw ba mismo ang gumagawa ng sariling <i>medical procedures</i> tulad ng <i>catheterization, insulin shots, atbp.</i> ?			
Proportion (S)				

I: Kaalaman tungkol sa mga isyu ng <i>reproductive health</i>		ALAM NA ALAM (1)	MAY IDEYA (0.5)	HINDI ALAM (0)
Maaari mo bang sabihin sa akin				
21	Makakaapekto kaya sa iyong kondisyong pangkalusugan ang kakayahan mong magbuntis? (para sa babae lamang) o makabuntis (para sa lalaki lamang)			
22	(Para sa mga babae lamang) Ano kaya ang mga panganib na iyong kakaharapin kapag ikaw ay nagbuntis sa kabila ng ganyang kondisyong pangkalusugan?			
23	(para sa mga babae lamang) Kung ikaw ay nagbuntis, iinom ka ba ng gamot na makakasama sa bata sa sinapupunan?			
24	Kung may kaalaman ukol sa pagprotekta sa kanyang sarili mula sa di inaasahang pagbubuntis o mga sakit na naililipat sa pamamagitan ng pagtatalik?			
Proportion (I)				

T: Trabaho/Pag-aaral		ALAM NA ALAM (1)	MAY IDEYA (0.5)	WALA NG IDEYA (0)
25	Ano ang mga plano mo sa hinaharap sa pag-aaral at/o sa trabaho?			
26	(Kung meron silang health insurance) Kung hindi na magpapatuloy ng pag-aaral matapos makagradweyt ng hayskul (yun ay kung hindi kayo magpapatuloy ng kolehiyo), maaari mo bang sabihin kung ano ang mangyayari sa kasalukuyan mong health insurance coverage?			
Proportion (T)				

I: Insurance/Seguro		ALAM NA ALAM (1)	MAY IDEYA (0.5)	HINDI (0)
Maaari mo bang sabihin sa akin...				
27	Ano ang health insurance at bakit mahalagang magkaroon nito?			
28	Ano ang pangalan ng kasalukuyan mong health insurance provider?			
29	(kung merong health insurance) Hanggang anong edad magtatapos ang iyong kasalukuyang health insurance plan?			
30	Paano ka makakakuha ng health insurance pagdating sa sapat o hustong gulang?			
Proportion (I)				

O: Patuloy na suporta		SARILI (1)	MAGU LANG/ MGA KAIBI GAN (0.5)	WALA NG IDEYA (0)
31	Kapag tumanda ka na, sino ang mangangalaga ng inyong kalagayang pangkalusugan: Halimbawa tulad ng sino ang pagpapaalala sa pag-inom ng gamot, pagbili ng gamot, pagtakda ng mga appointment sa doktor at titiyaking magagampanan ang mga ito)			
Proportion (O)				

N: Mga bagong health care providers		ALAM NA ALAM (1)	MAY IDEYA (0.5)	HINDI ALAM (0)
Masasabi mo ba sa akin kung alam ba ng ninyo kung paano...				
32	Kapag dumating ang panahong kailangan mo na ng duktor na pang-matanda, paano ka makakahanap nito?			
33	Para maayos na mailipat ng iyong medical records sa ibang duktor, ano ang kailangang gawin para mangyari ito?			
Proportion (N)				

T.Rx.A.N.S.I.T.I.O.N. Score	Kabuuan ng lahat ng proportion score (max 10)	
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APPENDIX B. TRxANSITION SCALE FOR PATIENTS (Filipino Version 2)

Code No.		Transition ID ng Bata	
MR # ng Bata		Petsa ng Pagsusuri	

UNC TRxANSITION Scale for Adolescents and Young Adults (Filipino Version)

Instructions: Basahin ang mga tanong sa pasyente and bilugan ang sagot na pinakanagsasabi ng sagot ng pasyente. Sumahin ang kabuuang iskor para sa bawat seksyon sa "Subtotal." Hindi lahat ng tanong ay dapat sagutin ng bawat pasyente. Sa pagkakataong iyon, hatiin ang bilang ng sagot sa dami ng tanong na sinagutan ng pasyente upang makuha ang "Proportion."

T: Uri ng karamdamang matagal nang di gumagaling		TAMA	DI-TYAK	HINDI ALAM
1	Alam mo ba kung ano sakit mo? Ano ang tawag dito? (Isulat ang pangalan ng sakit pasyente) _____	1.0	0.5	0.0
2	Ano ang mga nararamdaman mo ng dahil sa sakit mong (sabihin ang pangalan ng sakit)?	1.0	0.5	0.0
3	Paano makakaapekto ang sakit mong ito sa kalusugan mo sa hinaharap?	1.0	0.5	0.0
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal T	_____ sa 3	
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion T		

Rx: Mga gamot		NASASABI LAHAT	NASASABI ANG ILAN	WALANG NASASABI	HINDI NAAANGKOP
4	Anong mga gamot, bitamina at/o iba pang supplements ang sinabi ng iyong duktor na dapat inumin para sa kondisyon ng iyong kalusugan? (kung maaari, isulat ang mga gamot, bitamina at/o supplements na dapat ay iniinom ng pasyente at bilugan ang bawat pangalang babanggitin) _____ _____	1.0	0.5	0.0	
5	Kailan dapat iniinom ang (banggitin ang bawat gamot, bitamina, supplement na sinabi ng pasyente)?	1.0	0.5	0.0	
6	Para saan ang mga iniinom na gamot (banggitin ang bawat gamot, bitamina at/o supplement na sinabi ng pasyente)?	1.0	0.5	0.0	
7	Ano ang maaaring mangyari kapag hindi mo ininom ang mga gamot na pinaainom sa'yo ng duktor?	1.0	0.5	0.0	
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal Rx	_____ sa _____		
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion Rx			

A: Pagsunod sa instruksyon o bilin		OO	MINSAN	HINDI	HINDI NAAANGKOP
8	Sa isang tipikal na linggo, madalas ka bang nagmimintis uminom ng lahat ng iyong gamot nang dahil sa nakalimutan mo o ayaw mo lang?	0.0	0.5	1.0	
9	Madalas mo bang nalilimutan uminom ng gamot mo araw-araw	0.0	0.5	1.0	
10	Madalas ka bang pumupunta sa doctor mo tuwing iskedyul ng check-up?	1.0	0.5	0.0	
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal A		_____ sa _____	
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion A			

N: Nutrisyon		ALAM NA ALAM	MAY IDEYA	HINDI ALAM	HINDI NAAANGKOP
11	Sa tuwing bumibili ka ng pagkain o inumin, binabasa mo ba ang impormasyon na nakasulat tungkol sa nutrisyon para malaman kung nakakabuti ito sa kalusugan mo?	1.0	0.5	0.0	
12	Dahil sa sakit mo, mayroon ka bang espesyal na diet na dapat sundin?	1.0	0.5	0.0	
13	(Kung and pasyente ay may espesyal na diet lamang) Ano ang mga halimbawa ng mga pagkain na pwede at bawal mong kainin?	1.0	0.5	0.0	
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal N		_____ sa _____	
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion N			

S: Kasanayang pamahalaan ang sarili		OO	MINSAN	HINDI	HINDI NAAANGKOP
14	Madalas mo bang naaalalang uminom ng gamot mo?	1.0	0.5	0.0	
15	Kailangan bang may magpaalala sa iyo na uminom ng gamot mo?	0.0	0.5	1.0	
16	Ikaw ba mismo ang bumibili ng gamot mo sa botika kapag ubos na ito? <i>(Kung hindi, tanungin kung kaya niyang bumili ng gamot niya sa botika.)</i>	1.0	0.5	0.0	
17	Ikaw ba mismo ang pumupunta sa botika at nagsasabi kung ano ang gamot na kailangan at dapat mong bilihin? <i>(Kung hindi, tanungin kung kaya niyang pumunta sa botika at magsabi kung ano ang gamot na kailangan at dapat niyang bilihin.)</i>	1.0	0.5	0.0	
18	Ikaw ba mismo ang tumatawag, nagtext, o nag-email sa doktor mo kapag may nais kang itanong o may kailangan ka sa kanila?	1.0	0.5	0.0	
19	Ikaw ba mismo ang nagpapaskedyul ng check-up sa iyong doktor?	1.0	0.5	0.0	
20	(Kung naaangkop) Ikaw ba mismo ang gumagawa ng sariling <i>medical procedures</i> tulad ng <i>paglagay ng catheter, pag-inject ng insulin, atbp.?</i>	1.0	0.5	0.0	
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal S		_____ sa _____	
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion S			

I: Kaalaman tungkol sa mga isyu ng reproductive health		ALAM NA ALAM	MAY IDEYA	HINDI ALAM	HINDI NAAANGKOP
Maaari mo bang sabihin sa akin ang mga sumusunod?					
21	(Para sa mga babae): Maaari bang maapektohan ng iyong sakit ang kakayahan mong mabuntis? (Para sa mga lalaki): Maaari bang maapektohan ng iyong sakit ang kakayahan mong makabuntis?	1.0	0.5	0.0	
22	(Para sa mga babae lamang): Kung ikaw ay nagbubuntis na, ano kaya ang mga posibleng maging problema mo nang dahil sa iyong sakit?	1.0	0.5	0.0	
23	(Para sa mga babae lamang) Mayroon ka bang mga gamot para sa iyong sakit ngayon na maaaring makasama sa baby nasa tiyan mo pa o di kaya mga gamot na bawal sa nagbubuntis?	1.0	0.5	0.0	
24	May alam ka bang mga paraan upang maproteksyonan ng mga taong nakikipagtalik o nakikipagsex ang mga sarili nila sa hindi inaasahang pagbubuntis/makabuntis o mga paraang upang hindi sila makakuha ng mga sakit na nakukuha sa pakikipagtalik/pakikipagsex?	1.0	0.5	0.0	
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal I			
		Lalaki	_____ sa 2		
		Babae	_____ sa 4		
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion I			

T: Trabaho/Pag-aaral		ALAM NA ALAM	MAY IDEYA	HINDI ALAM
25	Ano ang mga plano mo sa hinaharap tungkol sa pag-aaral at/o sa trabaho?	1.0	0.5	0.0
26	(Kung mayroong health insurance) Kung ikaw ay 18 years old na at hindi nagtuloy sa pag-aaral ng kolehiyo, maaari bang maapektohan ang iyong istatus sa iyong health insurance? Halimbawa, maaari bang hindi ka na ma-cover kung lampas ka na ng 18 years old at di na nag-aaral?			
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal T	_____ sa _____	
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion T		

I: Insurance/Seguro		ALAM NA ALAM	MAY IDEYA	HINDI ALAM	HINDI NAAANGKOP
27	Ano ang health insurance at bakit mahalagang magkaroon nito? (Magbigay ng halimbawa kung hindi alam. <i>Katulad ng PhilHealth, atbp.</i>)	1.0	0.5	0.0	
28	Ano ang pangalan ng kasalukuyan mong health insurance provider?	1.0	0.5	0.0	
29	(Kung mayroong health insurance) Hanggang anong edad magtatapos ang iyong kasalukuyang health insurance plan?	1.0	0.5	0.0	
30	Paano ka makakakuha ng health insurance pagdating sa sapat o hustong gulang?	1.0	0.5	0.0	
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal I		sa _____	
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion I			

O: Patuloy na suporta		SARILI	MAGULANG O MGA KAIBIGAN	HINDI ALAM
31	Kapag mas matanda ka na at may sarili ng trabaho, sino ang mangangalaga ng inyong kalagayang pangkalusugan? Halimbawa, sino ang pagpapaalala sa iyo na uminom ng gamot mo, bumili ng gamot mo kapag paubos na, at magpaskedyul ng check-up sa doktor?	1.0	0.5	0.0
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion O		

N: Mga bagong health care providers		ALAM NA ALAM	MAY IDEYA	HINDI ALAM
32	Kapag nag-19 years old ka na at hindi na pedia, paano ka makakahanap ng doktor na pang adult o pang matanda?	1.0	0.5	0.0
33	Paano ka makakakuha ng medical records mo para maipakita at maibigay sa magiging doktor mo sa hinaharap? Kanino ka kukuha nito?	1.0	0.5	0.0
<i>Kabuuang iskor para sa seksyon na ito</i>		Subtotal N		sa _____
<i>Hatiin ang "subtotal" sa pamamagitan ng bilang ng mga naaangkop na mga katanungan</i>		Proportion N		

Kabuuang Score	Kabuuan ng lahat ng subtotal score (max 33)	
T.Rx.A.N.S.I.T.I.O.N. Score	Kabuuan ng lahat ng proportion score (max 10)	

APPENDIX C. ASSENT FORM FOR ADOLESCENT PATIENTS

**Title of Study: Determination of the Reliability and Validity of the UNC
TRxANSITION Scale Filipino Version to Measure the Components of Health Care
Transition from Pediatric to Adult Care**

The Department of Pediatrics of the Philippine General Hospital will be conducting a study on transitioning adolescent patients to adult care.

We are asking your permission to participate in this study. The study aims to develop a Filipino version of a questionnaire to be used to measure the readiness of an adolescent patient to shift to adult care.

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction.

We are requesting your participation in an interview.

In an interview, you will be interviewed alone in a quiet and private environment. This will last between one to two hours.

The researchers assure you that you will experience no harm from participating in this study. All information gathered from the interview, as well as the participants' names, will be kept confidential. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. If you do not feel uncomfortable or unprepared to answer the questions, you may choose not to answer them. Any problems regarding the questions may be brought up with the researchers and facilitators.

Your participation is voluntary. You may or may not choose to participate. If you choose not to participate, you will still be able to access the service of this hospital or clinic.

No compensation will be given other than our wholehearted gratitude for being generous with your time, trust and involvement in answering the questions.

If there are questions, you may talk to Dr. Christina Hoyumpa-Adan (main researcher) and you can reach her at (632) 554-8469 loc. 2130. You may also talk to Dr. Jacinto Blas Mantaring (head of Ethics Review Board) at this no. (632) 522-2684

Thank you.

Conforme:

Name and Signature of Participant

Name and Signature of Participant's Parent

Researcher's name

Date

APPENDIX D. ASSENT FORM FOR ADOLESCENT PATIENTS (FILIPINO VERSION)

PAHINTULOT NG KABATAANG KALAHOK (PANAYAM)

Title ng Pag-aaral: Determination of the Reliability and Validity of the UNC TRxANSITION Scale Filipino Version to Measure the Components of Health Care Transition from Pediatric to Adult Care

Ano ang pag-aaral na ito? Ang Department of Pediatrics ng Philippine General Hospital ay magsasagawa ng programa para malaman ang kahandaan ng mga pasyenteng teen-ager pumunta na sa pag-aalaga ng mga doktor ng nakakatandang pasyente.

Ano ang layunin ng pag-aaral na ito? Layunin ng pag-aaral na ito na malaman, sa pamamagitan ng isang questionnaire na isinalin sa Filipino kung ang teen-ager na pasyente ay handing lumipat sa pangangalaga ng Adult Medicine.

Paano makakatulong ang pag-aaral na ito? Ang resulta ng pag-aaral na ito ay makakatulong sa mga namumuno ng Department of Pediatrics at ospital upang gumawa ng makabuluhang programa upang mapaayos ang paglipat sa pag-aalaga ng mga teen-ager na pasyente.

Ano ang gagawin ko sa pag-aaral na ito? May isang panayam na maaari kang sumali.

Gaano katagal at saan gagawin ang panayam? Ang panayam ay magtatagal ng isa o dalawang oras. Ito ay isasagawa sa isang lugar na malayo sa anumang ingay upang maiwasan ang mga bagay na maaaring makaistorbo sa daloy ng panayam at makaimpluwensya sa resulta ng panayam.

May mga hindi kanais-nais na maaring mangyari sa kaling sumali ako? Sinisiguro ng mga tagapangasiwa at tagapanayam na walang anumang mangyayaring kapahamakan sa iyo dulot ng iyong pakikipanayam.

Sino ang makakaalam sa mga binahagi ko at ang personal kong impormasyon? . Ang lahat ng impormasyon na ibabahagi mo ay mananatiling **confidential**. Bukod pa ryan, ang tunay mong pangalan ay di babangitin sa gagawing presentasyon ng resulta ng pag-aaral.

Maaari ba akong hindi sumali sa panayam? Habang isinasagawa ang panayam, maaari mong di sagutin ang ilang katanungan na sa palagay mo ay di ka komportable o handang sagutin. Maaari kang magsabi ng anumang problema na may relasyon sa nangyayaring panayam sa tagapangasiwa o tagapanayam. Kung ayaw mong sumali,

ipaalam lang sa mga tagapangasiwa kung nagbago ang isip mo. Ang iyong hindi pagsali sa pag-aaral ay hindi rin makaka-apekto sa anumang serbisyong binibigay ng ospital.

May makukuha ba akong bayad sa aking pagsali? Ang iyong pakikiisapanayam ay boluntaryo. Alam rin ng inyong mga magulang ang tungkol sa pag-aaral na ito.

Bilang tanda ng aming pasasalamat sa inyong pagdalo, inihahandog naming sa inyo ang mumunting regalo. Maliban dito, wala kaming maiibibigay na kapalit maliban ang taos puso naming pasasalamat sa iyo sa pagbibigay ng oras, tiwala at buong pusong pakikiisapanayam.

Kung malaya kang sumasang-ayon, pakisulat ang iyong pangalan sa ibaba at pirmahan.

Kung mayroon po kayong katanungan, maaari pong kausapin ang project leader, Dr. Christina Hoyumpa-Adan.

Name of Project Leader: Dr. Christina Hoyumpa-Adan

Address: Department of Pediatrics, University of the Philippines, Philippine General Hospital

Email: choyumpa@yahoo.com

Tel. no: (632) 554-8469 loc. 2310

Maaari pong kausapin si Dr. Jacinto Blas Mantaring, Chairman ng Ethics Review Board:

Name of UPMREB Chair: Dr. Jacinto Blas Mantaring

Address: 2/f Paz Mendoza

547 Pedro Gil St

Ermita 1000 Manila

Email: upmreb@post.upm.edu.ph

Tel: +63 2 5222684

Mobile: +639273264910 or +639153080212

Pangalan at LagdangBatangKalaho

Pangalan at Lagda ng Magulang ng Batang Kalahok

Pangalan at LagdangTagapangasiwa

Petsa

APPENDIX E. PERMISSION OF LETTER FROM ORIGINAL AUTHOR OF THE QUESTIONNAIRE

Ferris, Maria E

January 22, 2015 at 8:07 PM

To: Christina Hoyumpa <choyumpa@yahoo.com>

[Hide Details](#)

Cc: Emma Llanto, Bickford, Kristi, Moultrie, Mark Christian, O'Neill, Jim

Re: Permission to use and translate the UNC TRxANSITION Readiness Scale

So glad to hear from you!
I will be glad to give you permission to translate it.
I will ask Kristi to send you a formal letter with this information.
Please send us a copy once it is done. I kept our team in the loop.

Be excellent, Se excelente! 🍌

On Jan 22, 2015, at 6:19 AM, Christina Hoyumpa <choyumpa@yahoo.com> wrote:

Dear Dr. Ferris,

This is Dr. Christina Hoyumpa-Adan from the University of the Philippines - Philippine General Hospital. I am a paediatric nephrology fellow-in-training, currently in my second year of training. I have been working closely with Dr. Emma Llanto from the Section of Adolescent Medicine and Dr. Carmelo Alfiler from our section of paediatric nephrology, as we help our adolescent patients with chronic disease transition to the adult health care system.

I understand that you have already given your permission to Dr. Llanto to use and translate the UNC TRxANSITION Readiness Scale into Filipino. Dr. Llanto and Dr. Alfiler have both given me the task to become the primary investigator of our study to determine the reliability and validity of the translated Filipino version of this scale. May I personally ask you to give me the same permission that you have granted Dr. Llanto. Your letter of permission shall be submitted to our institution's Review Board as part of the necessary documents to approve my research protocol.

Thank you very much, Dr. Ferris.

Very truly yours,

Dr. Christina Hoyumpa-Adan
Pediatric Nephrology Fellow-in-Training
UP-PGH

Ferris, Maria E

February 3, 2015 at 11:07 AM

To: Christina Hoyumpa

[Hide Details](#)

Re: Permission to use and translate the UNC TRxANSITION Readiness Scale

You have my permission to use and translate all of our tools.

Be excellent, Se excelente! 🍌

On Feb 2, 2015, at 9:00 PM, Christina Hoyumpa <choyumpa@yahoo.com> wrote:

Dear Dr. Ferris,

I hope you are having a good day. Also, I hope that your participation at the International Pediatric Nephrology Fellows' Conference has been most fruitful.

I would like to respectfully follow-up your letter permitting me to use and translate the UNC TRxANSITION Readiness Scale into Filipino? Our institution's review board has given me a deadline to submit this document up to the end of this week.

Thank you very much for accommodating my request.

Very truly yours,

Dr. Christina Hoyumpa-Adan
Pediatric Nephrology Fellow-in-Training
UP-PGH

APPENDIX F. BUDGET

ITEM	UNIT NUMBER	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
Printing of Survey Forms	12 pages	Php 10.00/page	Php 120.00
Photocopying of Printed Survey Forms and Consent Forms	170 copies	Php 1.00/page	Php 1,800.00
Pens	10 pens	Php 10.00/pen	Php 100.00
Statistician's Fee		Php 10,000.00	Php 10,000.00
TOTAL COST			Php 12,020.00

APPENDIX G. TIME TABLE

TASK	TARGET DATE
Writing of Research Protocol	October 2013
Research Protocol Approval by UPMREB	March 2015
Administration of Survey (Data Gathering)	March to August 2015
Data Analysis	September 2015
Completion of Final Research Paper	October 2015