

Validation of Malay Version of the Parents' Feelings and Perceptions Towards Their Child's Speech or Language Disorder (M-PFPSLD) Questionnaire

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ABSTRACT

Background: There is a limited number of Malay versions of questionnaires that assess the parents' feelings and perceptions towards their child diagnosed with a speech or language disorder. Hence, research on the validation of such a survey is necessary to expand the range of assessment and screening tools available in Malay for use within the Malay-speaking population. **Objective:** The aims of the current study are: to examine the content validity of the M-PFPSLD questionnaire; to investigate the face validity of the M-PFPSLD questionnaire; and to determine the appropriateness of the grammatical and sentence structures of the M-PFPSLD questionnaire. **Methods:** The M-PFPSLD questionnaire was validated using a cross-cultural adaptation and validation process that includes the process of 1) expert committee review; 2) face validation and pre-testing among parents with typically developing children; and 3) proofreading. **Results:** The item-level CVI (I-CVI) of 27 out of 28 items were 0.80 and above, which indicated the appropriateness of the items. For scale-level CVI (S-CVI), the average S-CVI (S-CVI/Ave) of the second version of the harmonised M-PFPSLD questionnaire (BM-H2) was 0.93, while the S-CVI universal agreement (S-CVI/UA) was 0.71. All 28 items in the BM-H2 version were acceptable with a 100% score of face validity index (FVI) based on its criteria of readability, feasibility, clarity of words, and layout and style. No changes were made after the proofreading process, thus indicating that the BM-H2 version was well-written, grammatical-error-free, and accurately expressed the intended meaning of the original context. **Conclusion:** This study concluded that the M-PFPSLD questionnaire has a good content validity index (CVI) and face validity index (FVI). Therefore, it shows that the findings may act as preliminary psychometric properties of the M-PFPSLD questionnaire, and future studies can further research the psychometric properties of the M-PFPSLD questionnaire, such as reliability, construct validity, convergent and divergent validity.

Keywords:

parents' feelings; parents' perception; speech or language disorder; validation; psychometric properties

INTRODUCTION

American Speech-Language-Hearing Association (ASHA) (2018) defined speech or language disorder as the difficulty in articulating speech sounds, comprehending language, or producing spoken or written language. Communication is required for daily functioning, such as relaying information, requesting needs, expressing emotions and feelings, and establishing relationships (Kiogora, 2021). Children presented with speech or language disorders may be impacted significantly which reduces their quality of life (QOL) as these children are at higher risk for socioemotional difficulties such as socialising and internalising compared to the typically developing children (Foster, Choo, & Smith, 2023). Children's communication problems may affect not only their educational, social skills, and emotional

development, but also will be major challenges to their parents as communication is strongly associated with improving the QOL (Lopez et al., 2021). Parental experiences may be overlooked when they spend most of their time managing children with speech and language disorders. Parents of children with speech or language disorders may face many challenges in the aspects of their child's social skills, communication skills, academic performance, and emotional development (Lopez et al. 2021). Emotional factors are crucial as parents get involved directly with their child's speech and language development (Aliza & Umithayyibah, 2021). Parents may have concerns regarding their child's condition and how it will affect the future of their children. Parents may face more challenges if their children have other medical conditions other than speech and language disorders such as autism spectrum disorder (ASD) as there is evidence

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that speech or language disorders are usually linked with other health problems or medical conditions such as ASD, attention deficit hyperactivity disorder (ADHD), down syndrome, cerebral palsy, and low birth weight (Norman, 2021).

It is important for the parents of children with speech or language disorders to be fully aware and understand the children's impairments and the effects on the children's future if lack of service provision and late intervention. McGregor (2020) also described that parents of children with speech or language disorders may find the terminology used in therapy sessions such as developmental language disorder (DLD) or expressive language delay, unfamiliar, and that language impairments can be less visible without other medical diagnosis, such as ASD or Down Syndrome (cited in Lopez et al., 2021). A lack of awareness and visibility of speech or language impairments compared to when the impairments are linked with other medical conditions, such as Down Syndrome, may lead to a lack of service provision and knowledge of the children's speech or language disorders, which should be helpful for the parents to understand their child's disorder better (Lopez et al., 2021). Parents spend most of their time with their children at home compared to professionals. Thus, parents should be actively involved in speech-language activities at home, as the time allocated to doing speech-language activities with children will help in the child's progress (Aliza & Umithayibah, 2021).

Studying the parents' perspectives on their child's disorder will not only provide insights to the professionals but also increase the awareness and knowledge of the child's disorders among parents, which will lead to the satisfaction of parents, children, and professionals when there is an improvement shown in the children's speech and language abilities. The Parents' Perceptions and Feelings towards their Child's Speech or Language Disorders (PFPSLD) questionnaire was selected because this questionnaire specifically explores parents' emotional and perceptual responses towards their child's speech, language, or communication difficulties, as well as coping strategies related to their child's speech or language disorder. This questionnaire was developed to capture the unique parental experiences associated with communication difficulties rather than general developmental conditions (Holley, 2018). In comparison, several other questionnaires also measure related but in broader constructs. For instance, Parenting Stress Index (PSI-4; Abidin, 2012) focuses mainly on general parenting stress and parent-child interaction, rather than perceptions about communication difficulties, Family Impact Questionnaire (FIQ; Donenberg & Baker, 1993)

examines the impact of a child's disability on family functioning, but does not address specific feelings or perceptions towards speech or language difficulties, and PedsQL Family Impact Module (Varni et al., 2004) evaluates parental QOL and family functioning. Still, it is not tailored for parents of children with communication difficulties. The PFPSLD questionnaire covers a range of topics associated with a child's communication problem including questions that reflect the overall quality of life (QOL) and well-being of the child, aligning with the holistic framework of family-centered speech-language intervention (Holley, 2018). This questionnaire is also relevant for clinical practice as it was originally developed for use by speech-language therapists working closely with families of children with communication disorders. Therefore, the PFPSLD questionnaire is more suitable for this study as it directly explores parents' feelings and perceptions related to their child's speech or language difficulties.

However, the original version of the PFPSLD questionnaire was developed in English and is only suitable for the English-speaking population (Holley, 2018). According to Holley (2018), no published studies have reported translation or validation of PFPSLD questionnaire into other languages which supports the importance of validating a Malay version of PFPSLD to ensure cultural and linguistic relevance for the Malay-speaking population. Thus, the information regarding the feelings and perceptions of parents of children with speech or language disorders in various nations was limited, especially in non-English speaking countries where language screening and language disorder services are provided (Lopez et al., 2021). The Malay version of the parents' perceptions and feelings towards their child's speech or language disorders (M-PFPSLD) questionnaire aims to examine how parents in Malaysia construed and described the speech and language disorders of their child. If the original English version of PFPSLD is distributed to the Malay-speaking population, this will influence the way services will be provided, knowing that there will be some cultural similarities and differences in the population (Squires et al., 2020, as cited in Lopez et al., 2021).

Barratt, Shangase, and Msimang (2012) highlighted the necessity to be cautious in using translated materials that are not appropriately and systematically adapted for local usage to meet the patient's needs and achieve the patient's satisfaction. Silva, Lamonica, and Hage (2021) also mentioned in their study the need to consider the cultural factors and the language spoken in a social setting. It is also important for the translated word or sentence to accurately express the intended meaning in the target population's language and culture (Silva, Lamonica, &

Hage, 2021). Therefore, validating the translated and adapted version of the M-PFPSLD questionnaire is essential to match the original purpose of the questionnaire in the Malay-speaking population. The aims of the current study are to examine the content validity of the M-PFPSLD questionnaire, to investigate the face validity of the M-PFPSLD questionnaire, and to determine the appropriateness of the grammatical and sentence structures of the M-PFPSLD questionnaire.

MATERIALS AND METHODS

Materials

This study was conducted using the Parents' Feelings and Perceptions Towards Their Child's Speech or Language Disorder (PFPSLD) questionnaire (Holley, 2018) (please refer to Appendix A) and the translated and adapted Malay version of the PFPSLD (M-PFPSLD) questionnaire (Jamaludin & Jusoh, 2023) (please refer to Appendix B). The M-PFPSLD questionnaire includes questions that reflect the child's general well-being and overall quality of life. There is a total of 28 questions that cover a range of topics relating to a child's communication impairment. To address the following two primary questions, which are the child's general well-being and overall quality of life, two main domains were divided: (1) the parents' feelings towards their child's speech or language disorder; and (2) the parents' perceptions regarding the impact of their child's disorder on their own lives (Holley, 2018). Responses are recorded using a Likert scale, which ranges from "Strongly Agree" (1 point) to "Strongly Disagree" (5 point). Most items are negatively worded; therefore, higher scores reflect more positive parental perceptions and lower scores indicate greater perceived challenges among parents of children with speech or language disorders. Through this questionnaire, parents can reflect on their feelings and opinions about speech or language disorders.

Subjects

The subjects were determined based on the stages of the study: i) content validation, ii) face validity and pre-testing, and iii) proofreading. In total, six expert committees with four different academic backgrounds, specifically, two speech-language therapists, two audiologists, a psychiatrist, and a clinical psychologist, were involved in the content validation process. Eight parents who have a child below 18 years old were involved in the face validity and pre-testing process of the initial version of the M-PFPSLD questionnaire. According to Yusoff (2019) and Burn (1995), the face validation and pre-testing process should involve approximately eight to eleven non-expert

members to ensure sufficient feedback and variability in responses for evaluating content clarity. Therefore, eight to eleven parents were included in this process to support the validity of the assessment tool. As for the proofreading process, two Malay language experts, specifically, two Bahasa Melayu (BM) teachers were involved.

Cross-Cultural Adaptation and Validation Procedures

This study was approved by the International Islamic University Malaysia (IIUM) Research and Ethics Committee (IREC) before the study was conducted (IREC. No: KAHS 108/23).

The aim of this M-PFPSLD adaptation and validation was to produce a Malay version of the PFPSLD (M-PFPSLD) questionnaire that was conceptually and contextually equivalent to the original version and was suitable to be used by the Malay-speaking parents, teachers, and related professionals. Therefore, the M-PFPSLD questionnaire was validated using a cross-cultural adaptation and validation process in accordance with the guidelines by Beaton et al. (2000) and the World Health Organization [WHO] (2017).

The validation process that was conducted consisted of three stages and was summarised in Figure 1. The details of the validation procedures were further discussed in the following sections.

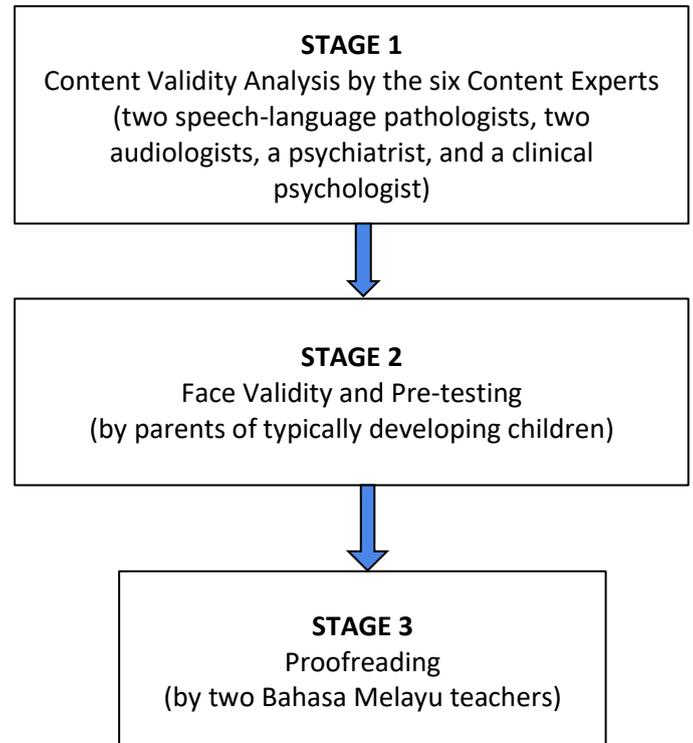


Figure 1: Flowchart of the Validation Procedures for the M-PFPSLD Questionnaire

Stage 1: Content Validation Procedures

The harmonised Malay PFPSLD (BM-H) and harmonised English PFPSLD (E-H) together with the original version of the questionnaire were reviewed by an expert committee consisting of six members (n=6) from four different academic backgrounds, specifically, two backgrounds in speech-language pathology, two in audiology, one in psychiatry, and one in psychology. The committee members consisted of multidisciplinary backgrounds, which was in line with the recommendation by Guillemin et al. (1993), which stated that an expert committee should consist of experts in the disease explored and the concept to be explored. In this study, the six expert committee members were recruited based on their professional expertise and experience in communication and language disorders. Invitations were sent via email to professionals working in universities and clinical settings who met the inclusion criteria of having at least five years of clinical or research experience related to speech and language disorders. Those who agreed to participate were provided with appointment letters as a content expert before the review process. There were two main aspects discussed during this process, which were the overall review by the expert committee and the content validity analysis of the questionnaire (Yusoff, 2019). For the overall review, each content expert reviewed the translated versions of the questionnaire to identify any discrepancies and inconsistencies in the translated versions compared to the original version. The content validity analysis was measured qualitatively and quantitatively.

A qualitative content validity analysis was carried out through the expert committees to review the consistency and differences between the original and the translated versions of the questionnaires in terms of wording, grammar, sentence structure, and scoring (Safikhani et al., 2013). Comments and suggestions from the expert committees were discussed, and amendments were made after the review to produce a finalised second version of the Harmonised BM-PFPSLD (BM-H2).

The BM-H2 version was measured quantitatively through quantitative content validity analysis. Two types of Content Validity Index (CVI), which are the Item-level CVI (I-CVI) and the overall scale-level CVI (S-CVI), were used in the study. To determine I-CVI, the expert committees were requested to rate the items in terms of intelligibility and relevancy to the underlying concept, using a 4-point Likert scale. The range of the Likert scale was from not relevant (1 point) to highly relevant (4 points) (Davis, 1992). Then, the I-CVI was computed based on the experts' agreement (with a score of 3 or 4 points given by the expert

committees for each item) divided by the total number of content experts. The I-CVI must be equal to or higher than 79% to be considered appropriate (Abdullah et al., 2010). Apart from I-CVI, S-CVI was also computed. Pilot et al. (2007) mentioned that a minimum score of 0.80 for both S-CVI/Ave and S-CVI/UA was considered acceptable, while a score of 0.90 and above would be considered excellent (cited in Haidari and Uzun, 2019).

Stage 2: Face Validity and Pre-Testing Procedures

Face validity and pretesting was conducted by requesting the parents with typically developing children to read the questionnaire and provide feedback by stating 'Yes' or 'No' in terms of the readability, feasibility, clarity of words, and layout and style. They were approached personally or via WhatsApp using a viral message which included a brief explanation about the study. At this stage, it was not necessary to include parents of children with speech or language disorders, as the aim was to ensure that all items in BM-H2 version were easily understood in terms of the clarity and comprehension by the general parent population. This approach is consistent with the recommended practices in questionnaire development and adaptation (Boateng et al., 2018). The percentage of the face validity index (FVI) was calculated by dividing the raters in agreement and the total number of raters (Yusoff, 2019). For example, the FVI of question 1 is 9 divided by 10 raters which is equal to 0.9. According to Yusoff (2019), a percentage of 90% and above is considered acceptable. The participants were requested to answer the questionnaires, state the time taken to do so, and evaluate the items.

Stage 3: Proofreading Procedures

The BM-H2 version of the questionnaire was proofread by two Malay language experts. Both experts had been working as Bahasa Melayu teachers and were recruited based on their teaching experience in Bahasa Melayu for at least five years. Both Bahasa Melayu teachers were contacted through professional email invitations and voluntarily agreed to review the questionnaire. Both experts reviewed the wording, grammar, and sentence structure in the BM-H2 version.

Data Analysis

The data analysis for content validation, face validity and pre-testing, and proofreading process were summarised based on the specific objectives as shown in Table 1.

Table 1: Summary of Outcome and Data Analysis

Objectives	Outcomes	Data Analysis
To examine the content validity of the M-PFPSLD questionnaire.	Comments and suggestions from the expert committees	Qualitative content validity analysis
	Scores of each item	Quantitative content validity analysis - CVI (I-CVI and S-CVI) I-CVI - equal or higher than 79% was considered as appropriate (Abdullah et al., 2010) S-CVI - A minimum score of 0.80 was considered acceptable, while a score of 0.90 and above would be considered excellent (Pilot et al., 2007 cited in Haidari and Uzun, 2019)
To investigate the face validity of the M-PFPSLD questionnaire.	Scores of feasibility, comprehensibility, clarity, and consistency of each item	Face validity index (FVI) – percentage (90% and above should be considered acceptable) (Yusoff, 2019)
To determine the appropriateness of the grammatical and sentence structures of the M-PFPSLD questionnaire.	Comments and suggestions from the expert committees	Qualitative content validity analysis

RESULTS

This section covers presentation of the results for expert committee review (including qualitative and quantitative content validity), face validity and pretesting, as well as proofreading.

Stage 1: Expert Committee Review

For the expert committee review, the results were divided into three parts: i) overall review, ii) qualitative content validity analysis, and iii) quantitative content validity analysis.

i) Overall Review by Expert Committee

Overall, the translated version of the questionnaire (BM-H) and original version (E-H) could be considered satisfactory and comparable to the original version as there were only some minor amendments made to the BM-H version in terms of wording, grammar, sentence structure, and scoring that suit the culture in Malaysia (refer to Table 2). After amendments were made, BM-H was finalised into the second version of the Harmonised M-PFPSLD (BM-H2).

ii) Qualitative Content Validity Analysis

The qualitative content validity analysis was carried out by the expert committees and was measured through the recommendations given in terms of wording, grammar, sentence structure, and scoring (Safikhani et al., 2013). Therefore, there were some changes made to refine the structure and the content of the items. The changes made included 1) refining of phrases or sentences; 2) improvements in terms of grammatical aspects; 3) changing of word selections (please refer to Appendix C). There were 26 affected items out of 28 items that were minorly amended based on the discussion among the committee members (please refer to Appendix C) meanwhile only item 1 and item 9 were not included as there were no changes made. The examples of qualitative content validity analysis of several affected items in the BM-H version were included in Table 2. These improvements were made to achieve the equivalency between the original and translated version of the questionnaire before being finalised into the second version of the Harmonised M-PFPSLD (BM-H2) (please refer to Appendix D).

Table 2: The Examples of Qualitative Content Validity Analysis of BM-H Version

Item No.	Original Version	BM-H	BM-H2	Remarks on changes made
Item 2	I do not know how to react to some of the behaviors my child exhibits.	Saya tidak tahu bagaimana untuk bertindak balas terhadap beberapa tingkah laku yang ditunjukkan oleh anak saya.	Saya tidak tahu cara untuk memberi reaksi kepada anak saya apabila dia menunjukkan tingkah-laku yang tidak patut dilakukan.	<ul style="list-style-type: none"> • Changed word selections • Refined sentences
Item 3	I notice myself and my child becoming frustrated when we are unable to determine what the other is trying to say.	Saya perasan diri saya dan anak saya menjadi kecewa apabila kami tidak dapat menentukan apa yang orang lain cuba sampaikan.	Saya perasan saya dan anak saya masing-masing berasa kecewa apabila kami tidak dapat memahami antara satu sama lain.	<ul style="list-style-type: none"> • Changed word selections • Refined phrases
Item 4	My child's temper tantrums seem to occur more often and at a more severe level than typical developing children.	Kemarahan anak saya sepertinya berlaku lebih kerap dan pada tahap yang lebih teruk berbanding kanak-kanak yang mempunyai perkembangan biasa.	Keadaan anak saya apabila mengamuk lebih kerap dan teruk daripada kanak-kanak yang mempunyai perkembangan normal.	<ul style="list-style-type: none"> • Changed word selections • Refined phrases
Item 5	I feel as if other people expect to make decisions for my child rather than allowing them to make the decision on their own.	Saya rasa seolah-olah orang lain mengharapkan saya untuk membuat keputusan bagi pihak anak saya daripada membenarkan anak saya membuat keputusannya sendiri.	Saya rasa orang lain cuba untuk membuat keputusan bagi pihak anak saya daripada membenarkan anak saya membuat keputusannya sendiri.	<ul style="list-style-type: none"> • Changed word selections • Refined phrases

ii) Quantitative Content Validity Analysis

For this study, the I-CVI was calculated for all 28 items, and it was found that the I-CVI of each item was 80% and above (except for item 2 with the I-CVI of 0.5), and the average I-CVI (I-CVI/Ave) was 0.97. The I-CVI must be equal to or higher than 79% to be considered appropriate (Abdullah et al., 2010). This indicated that most of the items in the BM-H2 version were appropriate. For S-CVI, there were two methods to calculate it, which were S-CVI/Ave (sum of I-CVI scores divided by the number of items, which were 28) and S-CVI/UA (the items rated with a scoring of 3 or 4 by the expert committee divided by the total items, which were 28). The S-CVI/Ave and S-CVI/UA were found to be 0.93 and 0.71, respectively. A minimum score of 0.80 for both S-CVI/Ave and S-CVI/UA was considered acceptable, while a score of 0.90 and above would be considered excellent (Pilot et al., 2007, as cited in Haidari and Uzun, 2019). Therefore, the S-CVI/Ave showed an excellent congruity level among the content experts over the relevancy of all 28 items, while the S-CVI/UA was inadequate. This issue was considered to be solved after the revision and amendments were made in terms of wording selections and sentence structures. The detailed calculation of this I-CVI and S-CVI was shown in Table 3.

Stage 2: Face Validity and Pre-Testing

For this study, the researcher found that all the items in the BM-H2 version were acceptable with a 100% score on the face validity index (FVI) based on its criteria of readability, feasibility, clarity of words, and layout and style. The time taken to complete the initial version of M-PFPSLD was 5 to 30 minutes, as reported by all the participants. The average time taken to complete the BM-H2 version was 11.5 minutes. All participants reported that all the items were understandable. The M-PFPSLD questionnaire, after pre-testing, is attached in Appendix D.

Stage 3: Proofreading

Two Malay language experts proofread the BM-H2 version of the questionnaire. Both experts had been working as Bahasa Melayu teachers and had more than five years of teaching experience. After proofreading all the items in the initial version of the questionnaire, no changes were made, thus indicating that the BM-H2 version was well-written, grammatical-error-free, and accurately expressed the intended meaning of the original context. The finalised version of the M-PFPSLD questionnaire (BM-H2) could be found in Appendix D.

Table 3: The Summary of Quantitative Content Validity Analysis of BM-H2

Items No.	Expert 1	Expert 2	Expert3	Expert4	Expert5	Expert6	Experts in Agreement	I-CVI
1, 7-11, 13-17, 19-24, 26-28	√	√	√	√	√	√	6	1.00
3	√	√	√	√	√	X	5	0.83
4	√	√	√	√	√	X	5	0.83
5	√	X	√	√	√	√	5	0.83
6	√	√	√	X	√	√	5	0.83
12	√	X	√	√	√	√	5	0.83
18	√	√	√	√	√	X	5	0.83
25	√	X	√	√	√	√	5	0.83
2	√	X	√	√	X	X	3	0.50
I-CVI/Ave								0.96
S-CVI/Ave								0.93
S-CVI/UA								0.71
Proportion relevance	1.00	0.86	1.00	0.96	0.96	0.86		
Average proportion of items judged as relevant across the six experts							0.94	

Note: √ = rating of 3 or 4; X = rating of 1 or 2; BM-H2 = Second Version of the Harmonized Malay Translation; I-CVI = Item-Level Content Validity Index; S-CVI = Scale-Level Content Validity Index; Ave = Average; UA = Universal Agreement

DISCUSSION

This study was designed to validate the initial version of the M-PFPSLD (BM-H) questionnaire that may act as a preliminary psychometric property of the M-PFPSLD questionnaire. The translated and adapted version of the PFPSSLD questionnaire (Jamaludin & Jusoh, 2023), BM-H was content-validated, face-validated, pre-tested, and proofread to certify the contents of the BM-H. This validation process produced the second version of the questionnaire (BM-H2) that may act as an initial step to prove the suitability of the translated and adapted contents to be used in the Malay-speaking population.

For this study, the procedure was done from the content validity analysis until proofreading of all 28 items of the questionnaire to produce the second harmonised version of the PFPSSLD (BM-H2) questionnaire. Generally, the BM-H version appeared to be culturally acceptable, and all 28 items as per the translated and adapted version (Jamaludin & Jusoh, 2023) were maintained with minor amendments. The amendments were made to improve the sentence structures and to ensure the contents of the items in the questionnaire were comprehensible and culturally appropriate for the Malay-speaking population. This was done by refining phrases or sentences, improving grammatical aspects, and changing word selections. Given the difference in languages and cultures between the original sources and the target language in this study,

minor amendments were often necessary to maintain the conceptual and content equivalence between the original questionnaire and its translated version (Guillemin et al., 1993).

This study found that the content validity analysis to evaluate the inclusiveness and representativeness of the content of the M-PFPSLD questionnaire were good since the I-CVI values for each item and overall items were 0.83 to 1, which was higher than the recommended value of 0.79 to be considered as appropriate (Abdullah et al., 2010). However, the I-CVI value for item 2 was 0.50 due to the wording selections and sentence structure. This indicated that all items except for item 2 in the M-PFPSLD were appropriate in evaluating the parental feelings and perceptions towards their child's speech or language disorder. The amendments were made to item 2 by changing the words used and refining the sentences based on the comments from the content experts. Next, the scale-level content validity for the BM-H2 version was inadequate by using the S-CVI/UA approach (0.71) (Hadie et al., 2017; Ozair et al., 2017; Lau et al., 2018; Marzuki et al., 2018 cited in Yusoff, 2019), but it was adequate when using the S-CVI/Ave approach (0.93) (Pilot et al, 2007 cited in Haidari and Uzun, 2019). It was recommended that an S-CVI/Ave value of 0.93, higher than the minimum score of 0.80 or 0.90 (Pilot et al., 2007, cited in Haidari and Uzun, 2019), had achieved a satisfactory level of content validity. Therefore, the content validity results indicated that the M-PFPSLD had good comprehensiveness and was representative of the study population, which was the Malay-speaking population. No further revision was necessary for the items, as all of the items were reported to be clear and easy to comprehend.

The consistency of the CVI findings of this M-PFPSLD version could not be compared with other previous studies since there were limited studies that have conducted CVI analysis on the original version of the PFPSLD and the translated versions of the PFPSLD up to the researcher's knowledge. Thus, it was assumed that the CVI analysis on the PFPSLD scale had not been examined before. Besides, other than the PFPSLD scale, CVI analysis for other scales that measured the parents' feelings and perceptions, including the Parental Assessment Questionnaire for Children's Emotional Competence (URPEKD) (Milkovic et al., 2020) and the Parent and Child Forms of the Parent Perception Inventory (PPI-P and PPI-C) (Cole et al., 2018) were also not found. Milkovic et al. (2020) did mention content validation in their study; however, it was limited to the discussion on the content experts in agreement and no further discussion on the CVI analysis.

LIMITATIONS OF THE STUDY AND FUTURE RECOMMENDATIONS

There was a limitation in this study that should be acknowledged. This study was only conducted up to the proofreading process after face validity and pre-testing. This was because this study was continued from the content validation procedures, which influenced the time taken for the researcher, the expert committees, and the non-expert committees to complete the cross-cultural adaptation and validation process. Thus, the M-PFPSLD questionnaire was not yet ready to be used for the Malay-speaking population since the psychometric properties were not fully examined due to time constraints. Therefore, it was recommended for future studies to explore the psychometric properties in depth in terms of the pilot study and construct validity testing to produce the final version of the M-PFPSLD. This recommendation to further evaluate the psychometric properties will be beneficial to produce a valid and feasible M-PFPSLD questionnaire to be used in the Malay-speaking population.

CONCLUSION

In conclusion, this study provided evidence that the M-PFPSLD questionnaire had a good content validity index as one of the preliminary psychometric properties of the questionnaire. At the end of the study, the valid and feasible M-PFPSLD questionnaire will be produced to be used for Malay-speaking parents, as it will be relevant to the cultural and linguistic aspects of the Malay-speaking population. The findings might act as preliminary psychometric properties of the M-PFPSLD questionnaire, thus future studies can further research the psychometric properties of the M-PFPSLD, such as reliability, construct validity, convergent and divergent validity, and reliability testing. This study also acts as an initial step to gain insights into the parents' feelings and perceptions towards their child's speech or language disorder. This information might be useful for implementing and designing a treatment plan that better suits the children's speech or language disorders without overlooking the perspectives of their parents. Besides, the findings might be helpful for future research on speech-language areas in Malaysia. Therefore, this study would be beneficial for the professionals involved in the management of speech and language disorders, parents, as well as children with speech or language disorders, in reaching a suitable management that aligns with the child's needs.

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APPENDIX A: ORIGINAL VERSION OF PPSLD QUESTIONNAIRE

Background Information:

Child Age: _____

Diagnosed Disorder of Child: _____

How long has your child had a speech or language disorder? _____

Please circle the most appropriate answer in regards to the questions below:

1. I worry about my child's future.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I do not know how to react to some of the behaviors my child exhibits.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. I notice myself and my child becoming frustrated when we are unable to determine what the other is trying to say.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. My child's temper tantrums seem to occur more often and at a more severe level than typical developing children.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I feel as if other people expect to make decisions for my child rather than allowing them to make the decision on their own.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. I feel as if my relationship with my child is affected because of their communication difficulties.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I would be open to allowing my child to use a form of augmentative and alternative Communication (AAC) as a form of support.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Please explain why or why not:

8. I feel the need to help my child with certain things more than I should.

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. I often find myself wanting to speak for my child if she or he is having trouble communicating with someone.

Strongly Agree Agree Neutral Disagree Strongly Disagree

10. I believe I could have done something differently in my child's early development to prevent him or her from obtaining a speech or language disorder.

Strongly Agree Agree Neutral Disagree Strongly Disagree

11. I worry sometimes that my child will never improve.

Strongly Agree Agree Neutral Disagree Strongly Disagree

12. I think that my child's communication disorder could have been affected by his or personality at a young age.

Strongly Agree Agree Neutral Disagree Strongly Disagree

13. I feel as if I could have provided a more stimulating language environment for my child that could have prevented his or her communication disorder.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

14. I do not think my child will have the same achievements as his or her typically developing peers.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

15. I think my child's communication disorder causes them to have more severe behavior issues than typically developing children.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

16. I feel as if my child is timid to speak up because of his or her communication disorder.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

17. I feel as if my child has less independence because of his or her communication disorder.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

18. I feel as if my child is at a disadvantage for developing social relationship with other children of his or her age.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

19. I would describe my child as a loner, or someone who distances themselves from others.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

20. I feel as if my child's communication disorder causes him or her to be singled out by others.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

21. I fear that my child could be bullied by other children because they are seen as "different."

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

22. I feel as if my child does not receive the educational support needed for his or her speech or language disorder.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

23. I am afraid my child could be placed in an educational setting that is not suitable to his or her needs in regards to their communication disorder

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

24. I feel as if my child is having a harder time in school as his or her typical developing peers.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

25. I feel as if my child needs to be in a stable environment to ensure success in his or her education.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

26. I feel as if my child has a hard time paying attention in class due to the distractions surrounding them.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

27. I feel as if my child has a hard time expressing his or her feelings to others.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

28. I worry that my child will be in a harmful situation and be unable to communicate with anyone.

Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

APPENDIX B: INITIAL VERSION OF M-PFPSLD QUESTIONNAIRE

Harmonised version of Malay-PFPSLD (BM-H PFPSLD)

Parents Feelings and Perceptions Towards their Child's Speech or Language Disorder (PFPSLD) Questionnaire - Soal Selidik Perasaan dan Persepsi Ibu Bapa Terhadap Kecelaruhan Pertuturan atau Bahasa Anak (M-PFPSLD)

Harmonised Malay version
Maklumat latar belakang
Umur anak
Diagnosis kecelaruhan pertuturan atau bahasa anak
Sudah berapa lamakah anak anda mempunyai kecelaruhan pertuturan atau bahasa?
Arahan: Sila bulatkan jawapan yang paling sesuai berkaitan soalan soalan di bawah.
Pemarkahan: Sangat Setuju Setuju Neutral Tidak Setuju Sangat Tidak Setuju
1. Saya bimbang tentang masa depan anak saya.
2. Saya tidak tahu bagaimana untuk bertindak balas terhadap beberapa tingkah laku yang ditunjukkan oleh anak saya.
3. Saya perasan diri saya dan anak saya menjadi kecewa apabila kami tidak dapat menentukan apa yang orang lain cuba sampaikan.
4. Kemarahan anak saya sepertinya berlaku lebih kerap dan pada tahap yang lebih teruk berbanding kanak-kanak yang mempunyai perkembangan biasa.
5. Saya rasa seolah-olah orang lain mengharapkan saya untuk membuat keputusan bagi pihak anak saya daripada membenarkan anak saya membuat keputusannya sendiri.
6. Saya rasa seolah-olah hubungan saya dengan anak saya terjejas disebabkan masalah komunikasi anak saya.
7. Saya terbuka untuk membenarkan anak saya menggunakan komunikasi tambahan dan alternatif (<i>Augmentative and Alternative Communication, AAC</i>) sebagai satu bentuk sokongan. Sila jelaskan mengapa atau mengapa tidak.
8. Saya merasakan perlu untuk membantu anak saya dengan perkara-perkara tertentu lebih daripada yang sepatutnya saya lakukan.
9. Saya sering mendapati diri saya ingin bercakap bagi pihak anak saya jika dia mengalami kesukaran berkomunikasi dengan seseorang.

10. Saya percaya saya boleh melakukan sesuatu yang berbeza dalam perkembangan awal anak saya untuk mencegahnya daripada mendapat kecelaruan pertuturan atau bahasa.
11. Kadang-kadang, saya bimbang anak saya tidak akan menunjukkan perkembangan yang baik.
12. Saya berpendapat bahawa kecelaruan komunikasi anak saya mungkin telah terjejas disebabkan oleh personalitinya pada waktu kecil dahulu.
13. Saya rasa seolah-olah saya boleh menyediakan persekitaran bahasa yang lebih memberangsangkan bagi mencegah kecelaruan komunikasinya.
14. Saya tidak fikir anak saya akan mempunyai pencapaian yang sama seperti rakan sebayanya yang mempunyai perkembangan biasa.
15. Saya berpendapat bahawa kecelaruan komunikasi anak saya telah menyebabkan mereka mengalami masalah tingkah laku yang lebih teruk berbanding kanak-kanak lain yang mempunyai perkembangan biasa.
16. Saya rasa seolah-olah anak saya malu untuk bersuara kerana kecelaruan komunikasinya.
17. Saya rasa seolah-olah anak saya kurang berdikari kerana kecelaruan komunikasinya.
18. Saya rasa seolah-olah anak saya kurang bernasib baik untuk membina hubungan sosial dengan kanak-kanak lain yang sebaya dengannya.
19. Saya menggambarkan anak saya sebagai seorang yang menyendiri, atau seseorang yang menjauhkan dirinya daripada orang lain.
20. Saya rasa seolah-olah kecelaruan komunikasi anak saya menyebabkan dia dipulaukan oleh orang lain.
21. Saya takut anak saya akan dibuli oleh kanak-kanak lain kerana mereka dilihat sebagai "berbeza".
22. Saya rasa seolah-olah anak saya tidak mendapat sokongan pendidikan yang diperlukan untuk kecelaruan pertuturan atau bahasanya.
23. Saya takut anak saya akan ditempatkan dalam suasana pendidikan yang tidak sesuai dengan keperluan kecelaruan komunikasinya.
24. Saya rasa seolah-olah anak saya mengalami masa yang lebih sukar di sekolah berbanding rakan sebayanya yang mempunyai.
25. Saya rasa seolah-olah anak saya perlu berada dalam persekitaran yang stabil untuk memastikan kejayaan dalam pendidikannya.
26. Saya rasa seolah-olah anak saya mengalami kesukaran untuk menumpukan perhatian di dalam kelas disebabkan oleh gangguan di sekeliling mereka.
27. Saya rasa seolah-olah anak saya mengalami kesukaran untuk meluahkan perasaannya kepada orang lain.
28. Saya bimbang anak saya akan berada dalam situasi yang berbahaya dan tidak dapat berkomunikasi dengan sesiapa pun.

APPENDIX C: QUALITATIVE CONTENT VALIDITY ANALYSIS OF BM-H

Item No.	Original Version	BM-H	BM-H2	Remarks on Changes Made
Item 1	I worry about my child's future.	Saya bimbang tentang masa depan anak saya.	Saya bimbang tentang masa depan anak saya.	No changes
Item 2	I do not know how to react to some of the behaviors my child exhibits.	Saya tidak tahu bagaimana untuk bertindak balas terhadap beberapa tingkah laku yang ditunjukkan oleh anak saya.	Saya tidak tahu cara untuk memberi reaksi kepada anak saya apabila dia menunjukkan tingkah-laku yang tidak patut dilakukan.	<ul style="list-style-type: none"> • Changed word selections • Refined sentences
Item 3	I notice myself and my child becoming frustrated when we are unable to determine what the other is trying to say.	Saya perasan diri saya dan anak saya menjadi kecewa apabila kami tidak dapat menentukan apa yang orang lain cuba sampaikan.	Saya perasan saya dan anak saya masing-masing berasa kecewa apabila kami tidak dapat memahami antara satu sama lain.	<ul style="list-style-type: none"> • Changed word selections • Refined phrases
Item 4	My child's temper tantrums seem to occur more often and at a more severe level than typical developing children.	Kemarahan anak saya sepertinya berlaku lebih kerap dan pada tahap yang lebih teruk berbanding kanak-kanak yang mempunyai perkembangan biasa.	Keadaan anak saya apabila mengamuk lebih kerap dan teruk daripada kanak-kanak yang mempunyai perkembangan normal.	<ul style="list-style-type: none"> • Changed word selections • Refined phrases
Item 5	I feel as if other people expect to make decisions for my child rather than allowing them to make the decision on their own.	Saya rasa seolah-olah orang lain mengharapkan saya untuk membuat keputusan bagi pihak anak saya daripada membenarkan anak saya membuat keputusannya sendiri.	Saya rasa orang lain cuba untuk membuat keputusan bagi pihak anak saya daripada membenarkan anak saya membuat keputusannya sendiri.	<ul style="list-style-type: none"> • Changed word selections • Refined phrases
Item 6	I feel as if my relationship with my child is affected because of their communication difficulties.	Saya rasa seolah-olah hubungan saya dengan anak saya terjejas disebabkan masalah komunikasi anak saya.	Saya rasa hubungan saya dan anak saya terjejas disebabkan oleh kesukarannya untuk berkomunikasi.	<ul style="list-style-type: none"> • Refined sentences • Improved grammar
Item 7	I would be open to allowing my child to use a form of augmentative and alternative Communication (AAC) as a form of support. Please explain why or why not:	Saya terbuka untuk membenarkan anak saya menggunakan komunikasi tambahan dan alternatif (<i>Augmentative and Alternative Communication, AAC</i>) sebagai satu bentuk sokongan. Sila jelaskan mengapa atau mengapa tidak.	Saya terbuka untuk membenarkan anak saya menggunakan komunikasi tambahan dan alternatif (<i>Augmentative and Alternative Communication, AAC</i>) sebagai satu bentuk sokongan. Sila jelaskan sebab anda menyatakan demikian.	Refined sentences
Item 8	I feel the need to help my child with certain things more than I should.	Saya rasa perlu untuk membantu anak saya dengan perkara-perkara tertentu lebih daripada yang sepatutnya saya lakukan.	Saya rasa keperluan untuk membantu anak saya melakukan sesuatu perkara lebih daripada yang sepatutnya saya lakukan.	<ul style="list-style-type: none"> • Improved grammar • Refined sentences

Item 9	I often find myself wanting to speak for my child if she or he is having trouble communicating with someone.	Saya sering mendapati diri saya ingin bercakap bagi pihak anak saya jika dia mengalami kesukaran berkomunikasi dengan seseorang.	Saya sering mendapati diri saya ingin bercakap bagi pihak anak saya jika dia mengalami kesukaran berkomunikasi dengan seseorang.	No changes
Item 10	I believe I could have done something differently in my child's early development to prevent him or her from obtaining a speech or language disorder.	Saya percaya saya boleh melakukan sesuatu yang berbeza dalam perkembangan awal anak saya untuk mencegahnya daripada mendapat kecelaruan pertuturan atau bahasa.	Saya percaya bahawa saya sepatutnya boleh melakukan sesuatu yang berbeza semasa perkembangan awal anak saya untuk menghindarinya daripada mendapat kecelaruan pertuturan atau bahasa.	<ul style="list-style-type: none"> ● Refined sentences ● Changed word selections
Item 11	I worry sometimes that my child will never improve.	Kadang-kadang, saya bimbang anak saya tidak akan menunjukkan perkembangan yang baik .	Adakalanya saya berasa bimbang jika anak saya tidak akan menunjukkan perubahan untuk pulih .	<ul style="list-style-type: none"> ● Changed word selections ● Refined phrases
Item 12	I think that my child's communication disorder could have been affected by his or personality at a young age.	Saya berpendapat bahawa kecelaruan komunikasi anak saya mungkin telah terjejas disebabkan oleh personalitinya pada waktu kecil dahulu .	Saya berpendapat bahawa kecelaruan komunikasi anak saya terjejas disebabkan oleh personalitinya sewaktu dia kecil .	Refined sentences
Item 13	I feel as if I could have provided a more stimulating language environment for my child that could have prevented his or her communication disorder.	Saya rasa seolah-olah saya boleh menyediakan persekitaran bahasa yang lebih memberangsangkan bagi mencegah kecelaruan komunikasinya .	Saya rasa saya boleh menyediakan persekitaran bahasa yang lebih memberangsangkan untuk anak saya bagi menghindari kecelaruan komunikasinya .	<ul style="list-style-type: none"> ● Improved grammar ● Changed word selections ● Refined sentences
Item 14	I do not think my child will have the same achievements as his or her typically developing peers.	Saya tidak fikir anak saya akan mempunyai pencapaian yang sama seperti rakan sebayanya yang mempunyai perkembangan biasa .	Saya tidak yakin anak saya akan memperoleh pencapaian yang sama seperti rakan sebayanya yang mempunyai perkembangan yang normal .	Changed word selections
Item 15	I think my child's communication disorder causes them to have more severe behavior issues than typically developing children.	Saya berpendapat bahawa kecelaruan komunikasi anak saya telah menyebabkan mereka mengalami masalah tingkah laku yang lebih teruk berbanding kanak-kanak lain yang mempunyai perkembangan biasa .	Saya berpendapat bahawa kecelaruan komunikasi yang dialami oleh anak saya telah menyebabkan dia mempunyai masalah tingkah laku yang lebih teruk berbanding rakan sebayanya yang mempunyai perkembangan normal .	<ul style="list-style-type: none"> ● Changed word selections ● Refined phrases
Item 16	I feel as if my child is timid to speak up because of his or her communication disorder.	Saya rasa seolah-olah anak saya malu untuk bersuara kerana kecelaruan komunikasinya .	Saya rasa anak saya takut untuk memberi pandangan disebabkan oleh kecelaruan komunikasi yang dialaminya .	<ul style="list-style-type: none"> ● Improved grammar ● Changed word selections ● Refined sentences

Item 17	I feel as if my child has less independence because of his or her communication disorder.	Saya rasa seolah-olah anak saya kurang berdikari kerana kecelaruan komunikasinya.	Saya rasa anak saya mempunyai daya berdikari yang rendah disebabkan oleh kecelaruan komunikasi yang dialaminya.	<ul style="list-style-type: none"> ● Improved grammar ● Refined sentences
Item 18	I feel as if my child is at a disadvantage for developing social relationship with other children of his or her age.	Saya rasa seolah-olah anak saya kurang bernasib baik untuk membina hubungan sosial dengan kanak-kanak lain yang sebaya dengannya.	Saya rasa anak saya kurang berkebolehan untuk membina hubungan sosial dengan kanak-kanak lain yang seusia dengannya.	<ul style="list-style-type: none"> ● Improved grammar ● Refined phrases
Item 19	I would describe my child as a loner, or someone who distances themselves from others.	Saya menggambarkan anak saya sebagai seorang yang menyendiri, atau seseorang yang menjauhkan dirinya daripada orang lain.	Saya gambarkan anak saya sebagai seseorang yang suka menyendiri, atau seseorang yang suka menjauhkan dirinya daripada orang lain.	<ul style="list-style-type: none"> ● Improved grammar ● Changed word selections
Item 20	I feel as if my child's communication disorder causes him or her to be singled out by others.	Saya rasa seolah-olah kecelaruan komunikasi anak saya menyebabkan dia dipulaukan oleh orang lain.	Saya rasa kecelaruan komunikasi anak saya menyebabkan dia dipulaukan oleh orang lain.	Improved grammar
Item 21	I fear that my child could be bullied by other children because they are seen as "different."	Saya takut anak saya akan dibuli oleh kanak-kanak lain kerana mereka dilihat sebagai "berbeza".	Saya takut anak saya akan dibuli oleh kanak-kanak lain kerana mereka melihatnya sebagai seseorang yang "berlainan".	<ul style="list-style-type: none"> ● Refined phrases ● Changed word selections
Item 22	I feel as if my child does not receive the educational support needed for his or her speech or language disorder.	Saya rasa seolah-olah anak saya tidak mendapat sokongan pendidikan yang diperlukan untuk kecelaruan pertuturan atau bahasanya.	Saya rasa anak saya tidak mendapat sokongan pendidikan yang diperlukan untuk kecelaruan pertuturan atau bahasa yang dialaminya.	<ul style="list-style-type: none"> ● Improved grammar ● Refined phrases
Item 23	I am afraid my child could be placed in an educational setting that is not suitable to his or her needs in regards to their communication disorder.	Saya takut anak saya akan ditempatkan dalam suasana pendidikan yang tidak sesuai dengan keperluan kecelaruan komunikasinya.	Saya takut anak saya akan ditempatkan dalam penempatan pendidikan yang tidak sesuai dengan keperluannya yang mengalami kecelaruan komunikasi.	<ul style="list-style-type: none"> ● Chnaged word selections ● Refined sentences
Item 24	I feel as if my child is having a harder time in school as his or her typical developing peers.	Saya rasa seolah-olah anak saya mengalami masa yang lebih sukar di sekolah berbanding rakan sebayanya yang mempunyai perkembangan biasa.	Saya rasa anak saya mengalami kesukaran di sekolah berbanding rakan sebayanya yang mempunyai perkembangan normal.	<ul style="list-style-type: none"> ● Improved grammar ● Changed word selections
Item 25	I feel as if my child needs to be in a stable environment to ensure success in his or her education.	Saya rasa seolah-olah anak saya perlu berada dalam persekitaran yang stabil untuk memastikan kejayaan dalam pendidikannya.	Saya rasa anak saya perlu berada dalam persekitaran yang stabil untuk memastikan kejayaan dalam pendidikannya.	Improved grammar

Item 26	I feel as if my child has a hard time paying attention in class due to the distractions surrounding them.	Saya rasa seolah-olah anak saya mengalami kesukaran untuk menumpukan perhatian di dalam kelas disebabkan oleh gangguan di sekeliling mereka.	Saya rasa anak saya mengalami kesukaran untuk menumpukan perhatian di dalam kelas disebabkan oleh persekitarannya yang mengganggu.	<ul style="list-style-type: none"> • Improved grammar • Refined sentences
Item 27	I feel as if my child has a hard time expressing his or her feelings to others.	Saya rasa seolah-olah anak saya mengalami kesukaran untuk meluahkan perasaannya kepada orang lain.	Saya rasa anak saya mengalami kesukaran untuk meluahkan perasaannya kepada orang lain.	Improved grammar
Item 28	I worry that my child will be in a harmful situation and be unable to communicate with anyone.	Saya bimbang anak saya akan berada dalam situasi yang berbahaya dan tidak dapat berkomunikasi dengan sesiapa pun.	Saya bimbang jika anak saya akan berada dalam situasi yang berbahaya namun tidak dapat berkomunikasi dengan sesiapa pun.	Changed word selections

APPENDIX D: SECOND VERSION OF THE HARMONISED TRANSLATION (BM-H2)

Soal Selidik Perasaan dan Persepsi Ibu Bapa Terhadap Kecelaruhan Pertuturan atau Bahasa Anak (M-PFPSLD)

Maklumat latar belakang:

Umur anak: _____

Diagnosis kecelaruhan pertuturan atau bahasa anak: _____

Sudah berapa lamakah anak anda mempunyai kecelaruhan pertuturan atau bahasa? _____

Arahan:

Sila bulatkan jawapan yang paling sesuai berkaitan soalan-soalan di bawah.

No.	Item	Pemarkahan				
		Sangat Setuju	Setuju	Neutral	Tidak Setuju	Sangat Tidak Setuju
1.	Saya bimbang tentang masa depan anak saya.					
2.	Saya tidak tahu cara untuk memberi reaksi kepada anak saya apabila dia menunjukkan tingkah-laku yang tidak patut dilakukan.					
3.	Saya perasan saya dan anak saya masing-masing berasa kecewa apabila kami tidak dapat memahami antara satu sama lain.					
4.	Keadaan anak saya apabila mengamuk lebih kerap dan teruk daripada kanak-kanak yang mempunyai perkembangan normal.					
5.	Saya rasa orang lain cuba untuk membuat keputusan bagi pihak anak saya daripada membenarkan anak saya membuat keputusannya sendiri.					
6.	Saya rasa hubungan saya dan anak saya terjejas disebabkan oleh kesukarannya untuk berkomunikasi.					
7.	Saya terbuka untuk membenarkan anak saya menggunakan komunikasi tambahan dan alternatif (<i>Augmentative and Alternative Communication, AAC</i>) sebagai satu bentuk sokongan. Sila jelaskan sebab anda menyatakan demikian: _____ _____ _____					
8.	Saya rasa keperluan untuk membantu anak saya melakukan sesuatu perkara lebih daripada yang sepatutnya saya lakukan.					

9.	Saya sering mendapati diri saya ingin bercakap bagi pihak anak saya jika dia mengalami kesukaran berkomunikasi dengan seseorang.					
10.	Saya percaya bahawa saya sepatutnya boleh melakukan sesuatu yang berbeza semasa perkembangan awal anak saya untuk menghindarinya daripada mendapat kecelaruan pertuturan atau bahasa.					
11.	Adakalanya saya berasa bimbang jika anak saya tidak akan menunjukkan perubahan untuk pulih.					
12.	Saya berpendapat bahawa kecelaruan komunikasi anak saya terjejas disebabkan oleh personalitinya sewaktu dia kecil.					
13.	Saya rasa saya boleh menyediakan persekitaran bahasa yang lebih memberangsangkan untuk anak saya bagi menghindari kecelaruan komunikasinya.					
14.	Saya tidak yakin anak saya akan memperoleh pencapaian yang sama seperti rakan sebayanya yang mempunyai perkembangan yang normal.					
15.	Saya berpendapat bahawa kecelaruan komunikasi yang dialami oleh anak saya telah menyebabkan dia mempunyai masalah tingkah laku yang lebih teruk berbanding rakan sebayanya yang mempunyai perkembangan normal					
16.	Saya rasa anak saya takut untuk memberi pandangan disebabkan oleh kecelaruan komunikasi yang dialaminya.					
17.	Saya rasa anak saya mempunyai daya berdikari yang rendah disebabkan oleh kecelaruan komunikasi yang dialaminya.					
18.	Saya rasa anak saya kurang berkebolehan untuk membina hubungan sosial dengan kanak-kanak lain yang seusia dengannya.					
19.	Saya gambarkan anak saya sebagai seseorang yang suka menyendiri, atau seseorang yang suka menjauhkan dirinya daripada orang lain.					
20.	Saya rasa kecelaruan komunikasi anak saya menyebabkan dia dipulaukan oleh orang lain.					
21.	Saya takut anak saya akan dibuli oleh kanak-kanak lain kerana mereka melihatnya sebagai seseorang yang "berlainan".					
22.	Saya rasa anak saya tidak mendapat sokongan					

	pendidikan yang diperlukan untuk kecelaruan pertuturan atau bahasa yang dialaminya.					
23.	Saya takut anak saya akan ditempatkan dalam penempatan pendidikan yang tidak sesuai dengan keperluannya yang mengalami kecelaruan komunikasi.					
24.	Saya rasa anak saya mengalami kesukaran di sekolah berbanding rakan sebayanya yang mempunyai perkembangan normal.					
25.	Saya rasa anak saya perlu berada dalam persekitaran yang stabil untuk memastikan kejayaan dalam pendidikannya.					
26.	Saya rasa anak saya mengalami kesukaran untuk menumpukan perhatian di dalam kelas disebabkan oleh persekitarannya yang mengganggu.					
27.	Saya rasa anak saya mengalami kesukaran untuk meluahkan perasaannya kepada orang lain.					
28.	Saya bimbang jika anak saya akan berada dalam situasi yang berbahaya namun tidak dapat berkomunikasi dengan sesiapa pun.					