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Acute Cystitis Symptom Score (ACSS)

Шкала-анкета оценки симптомов острого цистита (ACSS)

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## Acute Cystitis Symptom Score (ACSS):

### Development, Translations and Linguistic Validation Process

The Acute Cystitis Symptom Score (ACSS) is a self-report symptom questionnaire to assess the severity of symptoms in women with symptomatic lower urinary tract infections (LUTIs) and their impact on quality of life as well as to differentiate from other urogenital disorders with the possibility to monitor treatment efficacy.

**Development of the initial ACSS.** In order to reveal the most common typical symptoms and signs associated with LUTIs, a thorough literature search was performed in PubMed as primary database for MEDLINE by using specific combinations of medical subject headings (MeSH) regarding signs and symptoms of LUTI with limitations to publications in English language. Thereafter, different versions of multi-choice questionnaires regarding the presence and severity of symptoms were developed in Uzbek language and translated by 10 Uzbek speakers from different socio-economic status, with different ages and levels of education. All volunteers were then interviewed using questionnaires containing open-ended and close-ended questions regarding the design, clarity and simplicity of the ACSS items, subscales and the entire questionnaire, appearance and order of the questions and answers, for ruling out any linguistic problems that might lead to misunderstandings.

Based on their comments and requests, a multidimensional scaling analysis was performed, and the most appropriate items of questionnaire were selected for the first Developmental (Uzbek) version of the ACSS questionnaire, containing four parts: First, the "Diagnostic" part of the ACSS consisted of two items divided in two sub-scales: a) "Typical" (six items); b) "Additional" (four items). The second, "Quality of life" (three items), and d) "Additional" (five items). Each item is configured as a multiple-choice question, equipped by close-ended answers fashioned as a 4-point Likert-response scale are given to assess severity of each symptom/sign. Scale ranged from 0 to 3, where 0 means absence of symptom or discomfort; 1 = mild presence of symptom/sign/discomfort and it's minimal awareness; 2 = symptom/sign/discomfort is present with moderate severity; 3= severe and is hard to tolerate the presence of symptom/sign/discomfort. The "Additional" section contained only "yes/no" dichotomous-configured questions. The second, "follow up" part of the ACSS proposed for assessment of outcomes is the same as the first "diagnostic" form, with one additional subscale on "Dynamics", fashioned as multiple-choice question for assessment of overall changes in the patient's condition over time.

**Translations, Linguistic and Cultural Validation Process.** The ACSS was initially developed in Uzbek language and validated in native Uzbek speaking female respondents (n=31) with further translation and validation in Russian (n=84), German (n=36) and UK English speaking women in female respondents native-speaking in mentioned languages. The ACSS showed high values of predictive ability, convergent validity and sufficient levels of reliability and validity. The third, "cultural validation" process concerning scores obtained in the "Typical" section found no differences between women with acute cystitis and those with out. Furthermore, cultural and linguistic validation of the ACSS into foreign languages, was performed using guidelines for translation and adaptation of questionnaires, proposed by Mapi Language (Mapi, Lyon, France).

The most optimal cut-off point for discriminating patients with acute cystitis from those without acute cystitis was 6 or higher in "Typical" subscale (with sensitivity and specificity approx. 0.9).

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