## Guidelines for Translation of the DUDIT into other languages

Please use the following procedure:
Contact us and tell us who you are, and what academic and/or clinical affiliations you have. If you are a clinician and are planning to use the DUDIT clinically, it is still good to initiate contact with an academic institution (psychology, psychiatry, addiction medicine or psychology or behavioural medicine) in order to have a partner for psychometric testing of the DUDIT once the translation is complete.

Find out if you have access to Microsoft Publisher, which is the basic program in which DUDIT has been designed.

Translate the first page into your language, as well as the instruction parts on the second page. You can do this in Microsoft Word. Make sure you translate the instructions, the questions and the response alternatives. Regarding the title: we retain the original name DUDIT (Drug Use Disorders Identification Test) to make international identification of the instrument simple.

Find someone with pharmacological and clinical expertise in addiction medicine to adapt the drug list for your culture. Do the same for the list of sedatives/hypnotics as well as the painkillers. Remember that what is important here is the user's perspective, i.e., the names of the drugs as well as the pills should be recognizable for active or former drug users. Show the list to drug users to test your choices. If a drug, illegal or prescription, has a number of names, choose the most commonly known ones. It is fine to include the same substance under the generic as well as commercial name if it is known under both. Alphabetize the list so the name will be easy for the user to find. If necessary, organize a focus group with drug users to make sure you make good choices.

Find a translator who has English (or Swedish if you are translating from Swedish) as a native language. Have that person do a "back-translation" from your language back to English (or Swedish).

Send us the back-translation as well as the illegal and prescription drug list.

We get back to you with comments on the back-translation as well as the drug list. Please note that this may take anywhere from a few days to 3-4 weeks for us to find a good time to meet and do justice to your work. Sometimes we will also need to have a person who knows your language with us as a help.

Send us your revised versions in Word.

If we OK your revisions, we send you a Publisher template where you can enter your translations. If you don't have access to Publisher, let us know and we can enter your translation unless we can't find anyone who knows your language.

You send us the Publisher file, which we check and make an Acrobat reader (pdf) file from that. This becomes the official translation of the DUDIT. We write your name(s) as official translators at the left-hand side of the instrument.

It may be necessary to translate the DUDIT manual into your language. Please contact us about this.

We are interested in being involved in research and subsequent publication of DUDIT studies. Please let us know if you are planning any such study and how we could collaborate.

Copyright issues: The DUDIT is available free of charge in the public domain. At the same time, we want researchers and clinicians to use DUDIT in the layout that we have spent a lot of effort to design. Since the DUDIT is protected by copyright law, the conditions for use are to always give the correct citation as well as to use the layout. Furthermore, it is important to keep in mind that the DUDIT is a screening instrument, not a diagnostic instrument. The information it gives should thus be regarded as preliminary, warranting further assessment if it seems that drug problems exist on some level.

We look forward to working with you on this!
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Hans Bergman, PhD

