

**Investigating Stages of Return to Work in Norway**  
**Cross-Cultural Adaptation of**  
**The Readiness for Return to Work Scale (Long Version)**

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## **Abstract**

In this study a Norwegian cross-cultural adaptation of the RRTW scale (long version) is conducted. The RRTW scale is a questionnaire aimed at individuals outside work due to injury or illness, identifying their stage of readiness for returning to work. The questionnaire was originally developed and validated in Canada with the goal of tailoring return to work interventions. The cross-cultural adaptation included four stages of translation which established a pre-final Norwegian version of the questionnaire. This version was tested within the Norwegian target population. Participants from a four week inpatient occupational rehabilitation program completed the questionnaire and participated in one of two pretests. 73 participants completed the initial pretest of focus-group interviews identifying issues regarding understanding and answering of the questionnaire. 16 participants completed the extended pretest of in-depth interviews investigating aspects of answering the questionnaire in the Norwegian setting. All the results from the procedure were analyzed and a finalized Norwegian adaptation was established along with recommendations for use within the Norwegian setting. It was concluded that the Norwegian adaptation had satisfactory semantic equivalence to the original questionnaire. This study further supports research suggesting that different stage structures of RRTW found in Norway and Canada can be explained by culture and patient setting.

## Introduction

### Background

Work play an essential part in every society, family and individual's life. Work makes it possible to provide families with income and societies with productive value (Donald E. Super, 1995). The importance of work for adult individuals is evident through research across outcomes such as physical health, psychological wellbeing, and life expectancy all showing a general positive effect of work. (Kivimäki et al., 2003; Waddell & Burton, 2006).

In the light of work's critical importance, the negative consequences of work disability become clear. Disability is an extensive global issue. The number of people worldwide living with some sort of disability are estimated to be over one billion, or approximately 15% of the world's working age population (World Health Organization & World Bank, 2011).

In the past, work disability has been viewed by policymakers and practitioners as a natural consequence of disability with biomedical or alleged biomedical causes. This view has recently been challenged by the view of work disability as a public health issue. The consequences of work disability are not only due to biomedical causality, but depend on psychological, social, administrative and cultural factors (Loisel & Anema, 2013).

Though a consensual definition of work disability has proven difficult to establish, there are general agreement within research that work disability has to be understood as a relational concept between individual, organizational and societal factors (Lederer, Loisel, Rivard, & Champagne, 2013). In this thesis work disability will be defined as following:

...when a worker is unable to stay at work or return to work because of an injury or disease. Work disability is the result of a decision by a worker who for potential physical, psychological, social, administrative, or cultural reasons does not return to work. (Loisel & Anema, 2013, p. ix)

Work disability refers to the worker's lack of ability to work. Sickness absence refers to absence from work caused by work disability (Tellnes, 1989). Return to work (RTW) refers to the process of ending the sickness absence by going back to work (Pransky, Gatchel, Linton, & Loisel, 2005). Work disability and sickness absence are thus synonymously bound.

In Norway sickness absence from work is estimated by The Norwegian Labor and Welfare Administration to aggregate at over 500 000 full-time equivalent employees (Furuberg, Qiu, & Thune, 2013). The high personal and societal costs, makes it critical to

minimize the magnitude and duration of work disability. One way of doing so is to ensure RTW as soon as it is appropriate.

Occupational rehabilitation is often used as an intervention with the goal of patient RTW. Improved knowledge about prognostic factors for RTW is needed to improve the targeting of these interventions (Øyeflaten, Hysing, & Eriksen, 2008). One of the prognostic factors investigated is the concept of Readiness for Return to Work (RRTW) (Franche & Krause, 2002). This concept has been operationalized through the RRTW scale, which is a questionnaire aimed at identifying individuals' stage of readiness for returning to work with the goal of tailoring RTW interventions (Franche, Corbière, Lee, Breslin, & Hepburn, 2007).

This study documents The National Centre for Occupational Rehabilitation in Norway's cross-cultural adaptation of the RRTW scale (long version). This adaptation has the ultimate goal of improving the tailoring of RTW interventions in Norway.

## **Theory**

Return to work (RTW) is widely used as an outcome variable in health related research. RTW is used for purposes like estimating prognostic value of patient characteristics (Brooks, McKinlay, Symington, Beattie, & Campsie, 1987), measuring effect of workplace interventions (Franche et al., 2005) and measuring the effectiveness of occupational rehabilitation (Poulsen et al., 2014). From the definition of work disability, RTW is considered a conscious decision.

Though RTW has been the subject of much research the past decades, the ability to predict, understand and facilitate good outcomes is still limited (Pransky et al., 2005). This has led to the investigation of the concept of RTW itself, and the perspective of RTW as a developmental process (Young et al., 2005). In this perspective a wide set of factors are recognized as important in the RTW process e.g. Physical factors; Psychosocial factors; Cultural factors; Economic factors; Workplace factors ; Health service factors; Social Service factors (Loisel & Anema, 2013).

Krause and Ragland (1994) captured the RTW process in The Phase Model of Disability. This descriptive model categorized different stages of disability by duration of work disability. Franche and Krause (2002) furthered the understanding of the RTW process by proposing an explanatory stage model of RTW: Readiness for Return to Work (RRTW). The model integrated both biomedical and psychosocial factors like the impact of health care system, the workplace and the insurance system. It was based on the Readiness for Change Model which identifies the social and individual factors impact on an individual's ability to initiate change of behavior, and maintaining it.(Prochaska, DiClemente, & Norcross, 1992)

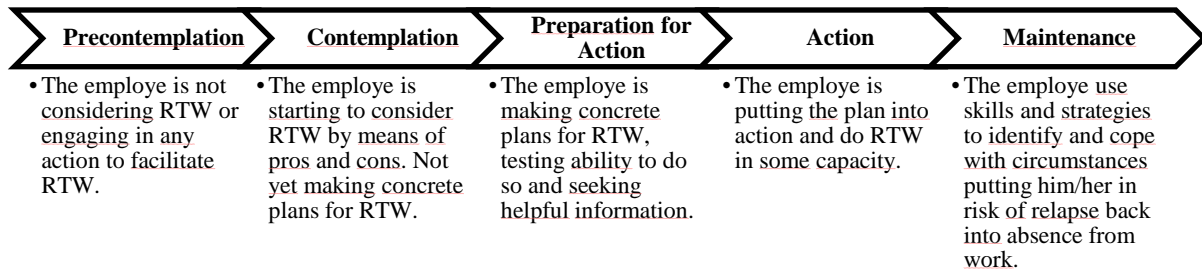


Figure 1. Readiness for Return to Work (RRTW). Stage model of RTW process. (Franche & Krause, 2002)

The RRTW model presented in Figure 1 explains the process of changing behavior through psychological stages. According to the model a person will move through the psychological stages in order to change behavior. At any stage the person might relapse back into an earlier stage. Relapse is in many cases expected. The model integrates the importance of the individuals own ability and motivation to RTW as well as the impact of the psychosocial context, by mediating the impact of the relevant factors through the individuals psychological readiness for RTW (Franche & Krause, 2002). As a fundamental rationale for the RRTW model, is the perspective of RTW as a conscious behavioral decision (Loisel & Anema, 2013).

The Readiness for Change Model also known as the Transtheoretical Model of Behavior Change (TTM) is thoroughly researched, and has gathered scientific support in a wide variety of applications (Norcross, Krebs, & Prochaska, 2011). Initially the model was directed at changing problem behaviors of both addictive and non-addictive nature like smoking cessation, quitting cocaine, weight control, safer sex and sunscreen use (Prochaska et al., 1994). The model was developed to include a number of existing theories of behavior like Self-efficacy (Bandura, 1997), and Decisional Balance (Velicer, DiClemente, Prochaska, & Brandenburg, 1985), into one integrative model of behavior change (Prochaska et al., 1992).

The model has been applied and tested with some success at a wide variety of problem behaviors e.g. Smoking cessation (Prochaska, Velicer, Prochaska, & Johnson, 2004); alcohol abuse (Isenhart, 1997); drug use (James et al., 2004) etc. Furthermore meta-analysis showed that the principles in the TTM were consistent across 48 different health related behaviors (Hall & Rossi, 2008). Though TTM has gathered much support, the model has also been the target of criticism. This criticism is regarding arbitrary dividing of stages, the fact that behavior change also can occur spontaneously and that the theory does not consider the principle of reward and punishment in learned behavior (West, 2005).



The broad application and strong empirical support of the Readiness for Change Model suggest that the model also can be applied to RTW behavior change (Franche et al., 2007). The application of the Readiness for Change Model on a new behavior should consider that though a similar stage structure can be identified across a wide range of health problems, the process of changing through the stages varies between different behaviors (Rosen, 2000).

After conceptualizing the RTW process through the RRTW model, Franche et al. (2007) developed a questionnaire intended to assess individual's current stage of RRTW. This questionnaire was developed to investigate if the stage structure of TTM also could be recognized in this new behavior, with the ultimate goal of more effective, stage specific RTW interventions. The questionnaire had two parts. A: For those currently not back at work and B: For those currently back at work. The questionnaire of 13(A) and 9(B) items was developed from an original pool of 22(A) and 12(B) items. The questionnaire items were to be answered with one of five alternative responses: Strongly disagree; Disagree; Neither disagree nor agree; Agree; Strongly agree. The original pool of items, referred to as (long version) in this study, is presented in Appendix A.

The questionnaire was validated in a Canadian cohort study of 632 lost-time claimants with musculoskeletal disorders, and found to have satisfactory psychometric properties and a stage structure similar to the TTM. The identified stage structure consisted of 6 stages. 4 stages were identified within people not back at work, explaining 60% of the variance in responses: (1) Precontemplation; (2) Contemplation; (3) Prepared for Action-Self-evaluative; (4) Prepared for Action-Behavioral. 2 stages were identified within the people back at work, explaining 58% of the variance in responses: (5) Uncertain Maintenance; (6) Proactive Maintenance.

The RRTW scale was translated to Norwegian, and the internal consistency and construct validity of the Norwegian scale was investigated in a Norwegian cohort (n=193) participating in an inpatient occupational rehabilitation program (Braathen, Brage, Tellnes, & Eftedal, 2012). Braathen et al. (2012) were not able to replicate the stage structure found by Franche et al. (2007) within the people not back at work. The Prepared for action stages (3-4) were not identified. For those back at work the same structure of two stages was identified, but the internal consistency of the Proactive maintenance stage was not fully satisfactory. Braathen et al. (2012) characterized the identified stages in the following way: (1) RTW inability; (2) RTW uncertainty; (3) Uncertain work maintenance; (4) Proactive work maintenance. It was indicated that the construct of RRTW may vary by culture and patient

setting leaving some unanswered questions regarding the further use of the scale in the Norwegian setting.

Further research showed that stages identified by the Norwegian RRTW scale are associated with future work participation in a Norwegian cohort, indicating possible use of the scale to tailor occupational rehabilitation programs (Braathen et al., 2014)

## **Setting**

In Norway work disability insurance and sickness benefits are provided through the National Insurance Scheme. All residents of Norway are compulsory members of the National Insurance Scheme according to the National Insurance Act (1997). The law states that any person in Norway unable to work due to disease, illness or injury is entitled to sickness benefits. Sickness benefits are paid from the first day of absence and no longer than 52 weeks. After the period of sickness benefits a person may be granted work assessment allowance or disability pension. Graded benefits combined with part-time work are common in the Norwegian setting. The employer has the primary responsibility for the follow up of employees on sickness benefits. Health personnel and the Social Insurance Office (NAV) also play formalized roles in the follow up (Brage, Kristoffersen, & Lysø, 2014).

Occupational rehabilitation programs in Norway are organized as outpatient or inpatient programs. Inpatient programs are offered to people with complex health related problems. People eligible for inpatient programs should have received appropriate medical treatment and interventions at the workplace prior to admittance (Arbeidsdepartementet, 2012).

## **Purpose**

The purpose of this study is to establish a Norwegian cross-cultural adaptation of the RRTW scale (long version), with recommendations of use within the Norwegian setting. This will be accomplished by completing the Cross-Cultural Adaptation Process as described by Beaton, Bombardier, Guillemin, and Ferraz (2000). The process involves four stages of translation establishing a Norwegian pre-final version of the questionnaire. This version is further investigated through pretesting among participants from the target population. Identified issues are resolved and a finalized Norwegian adaptation is established. The results from the pretesting are further analyzed leading to recommendations of use within the Norwegian setting.

The translation process of measurement tools is of critical importance to ensure that the translated tool in fact is valid and comparable with the original (Gjersing, Caplehorn, &

Clausen, 2010). In order to ensure that the translation process achieves these goals, there has been developed several methodologies of translation within many different fields of research (Eremenco, Cella, & Arnold, 2005). This study follows the Cross-Cultural Adaptation Process described by Beaton et al. (2000) and will report results regarding the understanding and answering of the questionnaire within the Norwegian target population. This enables an evaluation of the Norwegian adaptation's semantic equivalence to the original version (Eremenco et al., 2005).

When the RRTW scale initially was translated to Norwegian and validated by Braathen et al. (2012) the stage structure of RRTW identified in a Norwegian cohort was similar, but not identical, to structure identified by Franche et al. (2007) in the original Canadian cohort. Further the Norwegian validation did not find satisfactory psychometric properties for some of the stages. Braathen et al. (2012) proposed translating and validating the original pool (long version) of the RRTW scale: "... future validation may be improved by using Franche et al.'s initial pool of 12 items for those working and 22 items for those not working." (Braathen et al., 2012, p. 378).

Braathen et al. (2012) further suggested differences in culture and patient setting as explanations of the different stage structures identified in the two cohorts. In order to investigate this proposed explanation, the Norwegian adaptation of the long version is investigated in this study through in-depth interviews with participants from the goal population performed as an extended pretest.

This study will enable further validation and use of a fully cross-culturally adapted Norwegian version of the RRTW scale (long version). The uncertainty in stage structure does not allow an adequate investigation of the questionnaire's psychometric properties within the restricted number of respondents in this study. Such a validation should also be conducted using a fully adapted version of the questionnaire (F. Abma, Klink, & Bültmann, 2013; F. I. Abma, Amick, Brouwer, van der Klink, & Bültmann, 2012). The validation and use of the questionnaire might ultimately enable more targeted and effective RTW interventions in Norway.

## **Method**

### **Cross-Cultural Adaptation**

The procedure of cross-cultural adaptation of the RRTW scale (long version) was based on the methodology presented by Beaton et al. (2000). This procedure consists of six stages which are presented in Figure 2. Earlier applications of the method were considered in the process (F. I. Abma et al., 2012; Ramada, Serra, Amick Iii, Castaño, & Delclos, 2013).

Stages I-IV were performed by a research group at The National Centre for Occupational Rehabilitation. These stages are reported in this thesis according to written reports from each stage. These four stages established a pre-final version of the questionnaire.

In Stage V this version of the questionnaire was pretested within a sample of participants from the Norwegian target population. An initial pretest was conducted. 72 participants completed the questionnaire and a focus-group interview according to (Beaton et al., 2000). To further investigate the use of the questionnaire in the Norwegian setting an extended pretest was conducted. 16 participants completed the questionnaire and an in-depth interview. Both pretests are described in detail later.

In Stage VI all documentation of the cross-cultural adaptation may be submitted to the developers of the questionnaire.

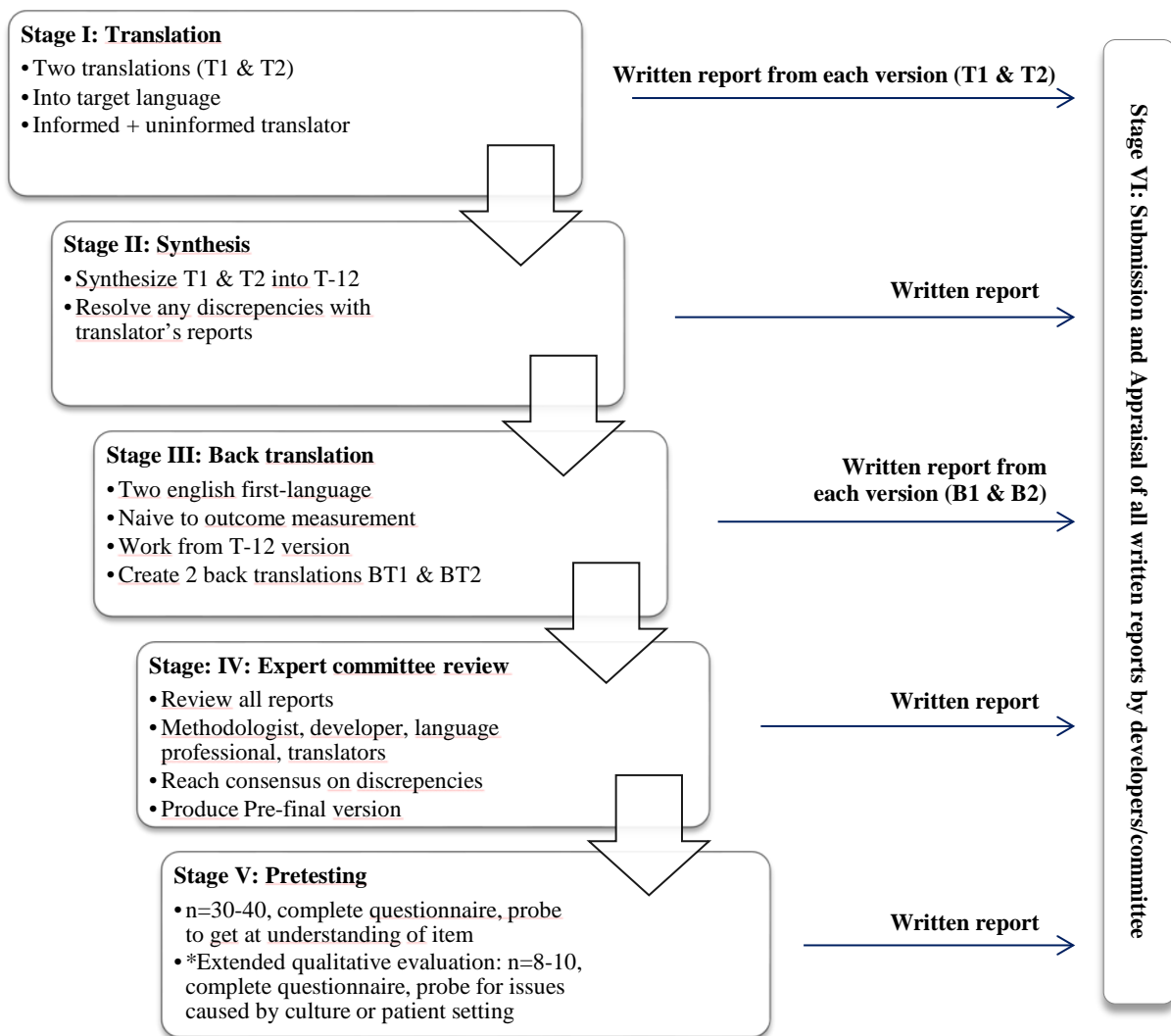


Figure 2. Procedure of cross cultural adaptation. Based on (Beaton et al., 2000), including extended pretest added in this study\*.

### **Stage I: Translation**

A research group of four persons made a forward translation of the questionnaire items individually. The research group consisted of one methodologist and three researchers with long experience as health practitioners in the occupational rehabilitation field. Only two of the translators knew the questionnaire in advance. Consequently two of the translators knew what the questionnaire was supposed to measure, and two were unaware of its purpose and scope at the time of translation.

### **Stage II: Synthesis**

The translated versions were compared and differences discussed until the group reached consensus. In this process the research group consulted two researchers with experience from a Danish adaptation of the RRTW scale. Questions, issues and decisions were documented in a synthesis report.

### **Stage III: Back Translation**

The synthesized translated version was translated back into original language (English) by a professional translator agency, unfamiliar with the questionnaire and field of research.

### **Stage IV: Expert Committee Review**

The expert committee consisted of the research group and one external researcher with experience from a Danish adaptation of the RRTW scale. The committee compared the back translated version with the original, and identified differences related to semantic, idiomatic, or conceptual meaning. The translation was then revised leading to a pre-final version of the questionnaire.

### **Stage V: Pretesting**

In order to identify issues regarding understanding and answering of the questionnaire, an initial pretest was performed according to the described Cross-Cultural Adaptation Process (Beaton et al., 2000). Further investigation into the connection between issues identified and the Norwegian culture and patient setting was needed. This was investigated through an extended pretest.

All the results from the pretesting were discussed and decisions upon final changes to the questionnaire were made by the research group. Thus a finalized adaptation of the questionnaire with recommendations of use within the Norwegian setting was established.

**Participants.** The participants of both pretests (initial and extended) were invited from a population of patients in a four week long inpatient occupational rehabilitation program in Norway. The patients were on long-term health related benefits, or they were working shortly before the program with a history of earlier sickness absence and at risk of relapse. The invited had various health related problems e.g. musculoskeletal disorders, common mental health problems, fatigue or burned out syndrome. All patients had been referred to the clinic by general practitioners, national insurance offices or hospitals.

In total 300 people were invited to participate in one of the pretests within their first week of the program. The inclusion criterions in the study were that the participant understood the questionnaire, and completed both the questionnaire and one interview. The initial pretest included 73 participants (39 not back at work; 34 back at work). The extended pretest included 16 participants (9 not back at work; 7 back at work). All participants included in the study gave signed consent of their participation.

All statistical analysis was performed with IBM SPSS statistical software. The project did not need external ethical approval, according to the Regional Medical Ethics Committee in Norway (Ref. nr.: 2013/1876).

**Initial pretest.** All the participants completed the questionnaire, and were interviewed in focus-groups. The focus-group interviews were completed with 2-6 participants led by 1-2 interviewers, with duration of 30-45 min. The participants were asked probing questions related to their understanding and answering of the questionnaire. These questions followed an interview guide based on the ICF core-set (World Health Organization, 2003) which follows guidelines given by Willis (2005a). The interviewer(s) took note of all the issues discovered and solutions suggested by the participants.

**Extended pretest.** All the participants completed the questionnaire, and were interviewed individually. The in-depth interviews lasted between 15-35 min and were recorded. The in-depth interviews followed the same interview guide as the focus-groups (World Health Organization, 2003), but when an issue of understanding and answering were identified, the participants were given the opportunity to explain the background of the issue, relating it to their individual circumstances (Willis, 2005b). The interviews were then transcribed verbatim, anonymizing participants. Transcripts were content analyzed following the procedure of Thematic Analysis described Braun and Clarke (2006). This much used procedure (Fereday & Muir-Cochrane, 2006; Hannevik, Lone, Bjørklund, Bjørkli, & Hoff, 2014) is presented in Table 1.

Table 1. Procedure of thematic analysis (Braun & Clarke, 2006)

Phase	Phase Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

The thematic analysis used in this study can be categorized as theoretic because the analysis was directed at investigating the semantic-equivalence of the questionnaire. Still all coding and aggregation of themes were initially done inductively through the phases 1-5. In phase 6 the discovered themes were compared with relevant literature.

All qualitative analysis was performed using QSR NVivo analytic software.

### **Stage VI: Submission and Appraisal**

There is currently no committee overlooking adaptations of the RRTW scale. This thesis will serve as a complete report of the Norwegian cross-cultural adaptation of the initial pool of items mentioned by Franche et al. (2007). The developers are aware of this research and will be asked to appraise the completed process of cross-cultural adaptation after the validity of the questionnaire has been further investigated.

## Results

The results are presented according to the six stages of the Cross-Cultural Adaptation Process described by Beaton et al. (2000). Stage I-IV established a pre-final Norwegian version of the questionnaire. Stage V investigated issues of understanding and answering within the Norwegian target population leading to a finalized Norwegian adaptation of the questionnaire and recommendations of use within the Norwegian setting. This study encompasses the documentation to be admitted in Stage VI.

### Stage I: Translation

The forward translation procedure was performed by four translators individually. The translations were performed without any problems.

### Stage II: Synthesis

Throughout the questionnaire the term *work* is used in different variations like “*Get back to work*”, “*go back to work*” and “*return to work*”. The translator group decided on one consistent Norwegian version of the terms. The term *stay at work* did also provide a number of possible Norwegian translations which the group discussed and resolved by a consistent Norwegian term.

The fact that the questionnaire was developed to assess RRTW in a population of lost-time claimants in Canada with work-related musculoskeletal injuries resulted in two issues. Firstly the terms *injury* and *pain* constricted the scope to people experiencing musculoskeletal injury. The translator group chose to use a Norwegian equivalent of the term *health problems* to broaden the goal population. The term applies to the following items: A5; A8; A16; B5; B6; B9; B10. Secondly the questionnaire were originally directed at the goal population of lost-time claimants in Canada i.e. employees absent for at least 5 of 14 days post injury and eligible for benefits through the Workplace Safety and Insurance Board of Ontario (Franche et al., 2007). The translator group decided to extend the goal population to people eligible for inpatient occupational rehabilitation in Norway. This also includes people in risk of work disability but still going to work and people without employer receiving work assessment allowance. In effect the headings of the two different parts of the questionnaire were changed in the translation by bracketing the Norwegian equivalent of the word *back* i.e. “For those who are not (back) at work”; “For those who are currently (back) at work”. The decisions of broadening the goal population are discussed later.

As a result of this stage it was established a synthesized translation of the questionnaire.



### **Stage III: Back Translation**

The back translation of the synthesized translation was performed by a professional translator agency without knowledge of the original questionnaire. The back translation was performed without any problems.

### **Stage IV: Expert Committee Review**

On the basis of the back translation the expert committee decided to phrase the items in first person. The committee also decided to extend the instructional text in relation to the stated purpose of the questionnaire, with the Norwegian equivalent of the following phrase (underlined): “...about your feelings about getting ready to return to work or continue working”.

In the Norwegian version of the initial question “Are you currently back at work?” the word *back* was removed in order to support the broadening of the goal population.

The Norwegian phrasing in the following items were edited as a consequence of the expert committee review: A2; A5; A11; A13; A7; A21; B3; B4; B5; B8; B10.

Through this stage the committee established a pre-final version of the questionnaire which can be found in Appendix B.

### **Stage V: Pretesting**

The two pretests (initial and extended) were both performed with participants recruited from the same population presented under Method. Socio-demographic characteristics of the participants are presented first. The results from the initial pretest and extended pretest are then presented independently. Decisions by the research group regarding changes in the questionnaire are reported throughout in relation to the results.

The results from the pretesting ultimately led to a finalized Norwegian adaptation of the RRTW scale (long version) presented in Appendix C. This stage also provided information regarding the use of the questionnaire in the Norwegian setting. Recommendations for use within this setting are discussed further under Practical Implications.

**Participants.** The participants in both the initial and the extended pretest came from the population described under Method. The participants in the study represented different groups within the goal population i.e. people with/without employment; people with varied work/benefit statuses; people in risk of work disability but still working. This enabled an

evaluation of the experienced relevance within different groups of the extended target population decided in Stage II.

In the initial pretest of 73 participants 75.3% were women and 24.7% were men. The mean age among the participants were 44.3 years (9.5 SD) and mean sickness absence within the last year was 6.4 (3.8 SD) months. The participants represented a broad variety of work/benefit statuses and had varied educational background and work demands. For more socio-demographic characteristics of the participants in the initial pretest see Table 2.

In the extended pretest of 16 participants 75.0% were women and 25.0% were men. The mean age among the participants were 41.4 years (7.9 SD) and mean sickness absence within the last year was 6.1 (3.4 SD) months. The participants represented a broad variety of work/benefit statuses. Among the participants there were none with low education and few with mainly physical work demands. For more socio-demographic characteristics of the participants in the extended pretest see Table 3.

Table 2. Socio-demographic characteristics of participants in the initial pretest (n = 73)

	Total n = 73	A (Not back at work) n = 39	B (Back at work) n = 34
Age in years, mean (SD)	44.3 (9.5)	44.0 (9.3)	44.6 (9.8)
Gender, N (%)			
Women	55 (75.3)	30 (76.9)	25 (73.5)
Men	18 (24.7)	9 (23.1)	9 (26.5)
Sickness absence in months past year, mean (SD)	6.4 (3.8)	8.4 (3.1)	4.0 (3.5)
Current work/benefit status, N (%)			
Full time work	15 (20.5)		15 (44.1)
Part time work	5 (6.8)		5 (14.7)
Graded work/health related benefits	18 (24.7)	4 (10.3)	14 (41.2)
Sickness absence benefits	21 (28.8)	21 (53.8)	
Work assessment allowance	9 (12.3)	9 (23.1)	
Combined benefits	5 (6.8)	5 (12.8)	
Education, N (%)			
Low	12 (16.4)	7 (17.9)	5 (14.7)
Middle	24 (32.9)	15 (38.5)	9 (26.5)
High	37 (50.7)	17 (43.6)	20 (58.8)
Work demands, N (%)			
Mental	17 (24.3)	8 (22.2)	9 (26.5)
Physical	5 (7.1)	4 (11.1)	1 (2.9)
Both	48 (68.6)	24 (66.7)	24 (70.6)
(Missing)	3	3	
Employment status, N (%)			
Employed	61 (83.6)	27 (69.2)	34 (100)
Unemployed	12 (16.4)	12 (30.8)	

Table 3. Socio-demographic characteristics of participants in the extended pretest (n = 16)

	Total n = 16	A (Not back at work) n = 9	B (Back at work) n = 7
Age in years, mean (SD)	41.4 (7.9)	40.1 (8.8)	43.0 (6.9)
Gender, N (%)			
Women	12 (75.0)	6 (66.7)	6 (85.7)
Men	4 (25.0)	3 (33.3)	1 (14.3)
Sickness absence in months past year, mean (SD)	6.1 (3.4)	7.5 (3.5)	4.3 (2.5)
Current work/benefit status, N (%)			
Full time work	1 (6.3)		1 (14.3)
Part time work	1 (6.3)		1 (14.3)
Graded work/health related benefits	5 (31.3)		5 (71.4)
Sickness absence benefits	4 (25.0)	4 (44.4)	
Work assessment allowance	4 (25.0)	4 (44.4)	
Combined benefits	1 (6.3)	1 (11.1)	
Education, N (%)			
Low			
Middle	6 (37.5)	4 (44.4)	2 (28.6)
High	10 (62.5)	5 (55.6)	5 (71.4)
Work demands, N (%)			
Mental	5 (33.3)	2 (25.0)	3 (42.9)
Physical	1 (6.7)	1 (12.5)	
Both	9 (60.0)	5 (62.5)	4 (57.1)
(Missing)	1	1	
Employment status, N (%)			
Employed	12 (75.0)	5 (56.4)	7 (100)
Unemployed	4 (25.0)	4 (44.4)	

**Initial pretest.** 73 persons completed the questionnaire and participated in one of 14 focus-group interviews. Examination of the responses to the questionnaire showed that there were no systematically missing or single response items. Descriptive statistics of item responses are presented in Appendix D.

In the focus-group interviews the participants generally expressed having a positive perception of the questionnaire. Still a number of issues were identified regarding the understanding and answering of the questionnaire. All the issues with resulting decisions of change by the research group are presented in Appendix E.

Several of the items were found by the participant to be unclear. Consequently the research group decided to rephrase the following items in the finalized adaptation: A7; A15; A16; A21; B7

The answering alternatives were not found natural by many of the participants. They found it difficult to distinguish the meanings of the different alternatives. This resulted in a decision to rephrase two of the answering alternatives.

Some of the participants found it difficult to interpret the instructional text regarding how to choose between part A (For those not back at work) and B (For those back at work).

This was related to the fact that some of the participants were without employment. As a result the Norwegian equivalent of the term “new work” was included in the instructional text by the research group in the finalized adaptation of the questionnaire.

Several issues regarding the formatting of the questionnaire were identified. These issues resulted in difficulty answering the questionnaire for some participants. Consequently the research group made necessary changes to the formatting of the questionnaire in the finalized adaptation.

Some found the term “long version” in the title unnecessary. This term was removed in the finalized adaptation. Some participants also found the order of items to be unfortunate, but no changes to the order of items were made by the research group.

Item A2 were found by some to be irrelevant in their situation. Others found item A4 very negatively phrased. Many of the participants also perceived items as repetitive. It was decided by the research group to investigate these issues further in the extended pretest.

Some also found that the questionnaire was difficult to answer because of their situation. Consequently some missed an opportunity to give more extensive answers. It was decided by the research group to also investigate this issue further in the extended pretest.

**Extended pretest.** 16 participants completed the questionnaire in the extended pretest. Examination of the responses to the questionnaire showed that there were no systematically missing or single response items. Descriptive statistics of item responses are presented in Appendix D.

Analysis of the interviews are reported according to the sixth and final phase in the procedure of Thematic Analysis (Braun & Clarke, 2006). The themes were aggregated from inductive coding, but were found to be aligned with existing literature. Consequently the themes were given names according to the description of aspects investigated in Pre-validation by Prior et al. (2011). The themes identified are presented in Table 4.

The themes are further explained and exemplified by extracts from the interviews. Quotations from the participants are included throughout the presentation. All quotations are own translations and are marked by italic. Participant information regarding gender, age (years) and part of questionnaire answered (A: Not back at work; B: Back at work) are referred in the citations. All the original quotes are presented alongside own translations and participant information in Appendix F.

Table 4. Presentation of themes identified across extended pretest interviews.

Themes	Description	Coverage across transcripts*
Comprehensibility	Participant's experience of understanding of the questionnaire and the meaning of items.	5.50 %
Completeness	Participant's perception of the questionnaire's completeness related to the scope of RRTW.	3.09 %
Acceptability	Participant's experience regarding items perceived as provoking, uncomfortable or annoying.	4,32 %
Relevance	Participant's experience of being able to relate items to their situation and finding the questionnaire useful to answer.	16.65 %
Answerability	Participant's experience of being able to answer the questionnaire adequately.	61.13 %
(Excluded)		(9.31 %)

\*Ratio: Number of words coded in theme/Total number of words across all transcripts.

**Comprehensibility.** This theme provides insight into whether or not the participants experienced that they understood the questionnaire and the meaning of items. The participants found the language very straight forward and understandable: *“The language was clear. At least I managed to understand what was asked. The language was fine. So it was easy to understand it”* (Female, 56, B). Although some terms used were not part of some of the participant's active vocabulary: *“Yes because strategies and such. Well it is something professionals talk more about than I do”* (Female, 36, B).

Several participants found it difficult to understand the instructional text: *“Yes the first time I read it I found it difficult to wrap my head around what to answer. But when I looked a bit further it became very clear”* (Female, 36, A).

One participant commented upon the Norwegian title saying that it did not provide insight into the content or scope of the questionnaire: *“Maybe the title could have been different. It did not make much sense.... A title which says something about what it is about”* (Male, 41, A).

In general the participants seemed to comprehend the meaning of items correctly. But the instructional text caused some difficulty for the participants because it was overlooked and

not intuitively understood. The research group decided to present the two parts of the questionnaire independently with secondary titles stating which group it was aimed at (Not back at work; Back at work). The research group also decided to remove the term “scale” from the title because it did not provide any meaningful information.

**Completeness.** This theme provides insight into whether or not the participants felt that something essential to their RRTW was left out of the questionnaire.

Many of the participants stated that they did not miss any important aspects in the questionnaire: *“I feel that this covers it from every side, well when looking at this questionnaire” (Female, 28, A)*. Still some of the participants felt they had too little insight into what the questionnaire was meant to assess to judge if important aspects were missing: *“No, again I do not know what you are going to use this for in the end” (Male, 40, B)*

Some participants wanted more detailed items regarding if they needed more help: *“... some other types of questions I would have included. Especially one with grading of how much help you need and how much you feel you can contribute with yourself” (Male, 35, B)*. Others wanted to specify where they received help and not *“But they do not ask about who is helping you. If it is the right person or they do not ask if it is the employer” (Female, 36, B)*. In other words some participants wanted an opportunity to comment upon the sufficiency of their support system.

Overall the participants did not miss any important aspects of RRTW in the questionnaire, but some wanted more detailed items regarding their support system. No changes were made to the questionnaire by the research group regarding completeness, but it was decided to add a commenting field. This is further described in the theme of Answerability.

**Acceptability.** This theme provides insight into whether or not the participants perceived the questionnaire or items as provoking, uncomfortable or annoying.

Most participants found the questionnaire appropriate: *“What do you mean, unpleasant? No, I don’t think so. I found it all right. Yes” (Male, 48, A)*. One participant explained that the grading of answers provided a countermeasure for confronting items: *“No, not when you have a column like strongly disagree. You could have put all kinds of claims out there when you have those alternatives, I think. Because you get to point out what you stand for” (Male, 35, A)*. Still item A4 was by some participants associated with prejudice against people with sickness absence: *“It feels like a lot like other attitudes you meet. I think at least I would feel that way if I had been outside work a long time. No point... That’s bad” (Female, 29, A)*

Many of the participants commented that the questionnaire contained many repetitive items: *“It is like it is repeating itself I think” (Female, 36, B)*. Some did not react negatively on the repetition: *“You just have to think a little, read the questions well. Did not think anything negatively about it” (Female, 44, A)*. However some did find the repetition problematic: *“So it is a bit difficult... Some are a bit contradicting so when you answer something you can stand for on one item you have to go back and check because it is a very similar question” (Female, 29, A)*

Generally the participants found the questionnaire appropriate and acceptable. Item A4 was an exception which some found uncomfortable. A4 was decided by the research group to be rephrased. The repetitiveness in items was also found problematic by some participants. In consequence the research group decided to add an explanation of the repetitiveness in items into the instructional text.

**Relevance.** This theme provides insight into whether or not the participants felt able to relate items to their own situations and if they found the questionnaire useful to answer.

Many participants stated that the questionnaire overall was relevant in their situation: *“So it was very relevant. I thought the questions were relevant” (Female, 56, B)*. This impression is strengthened by the many different aspects of RRTW the participants considered while completing the questionnaire: *“It is about my own effort. What I do and what I want to do going forward. It is a lot about me. Responsibility on me.” (Female, 47, B)*; *“Well it is health. Yes, it would be that. Because it stresses me and it is not positive stress, no” (Female, 54, A)*; *“It is the circumstances in my life. I have to do something about that if I am going to be able to work. Yes that is what is ruling” (Female, 36, A)*; *“It is somehow what my head wants and what the body says no to” (Female, 28, A)*.

One participant stated that the questionnaire did not feel relevant because the RRTW was not relevant to her RTW process: *“Because I am not outside work because of my job, but I am outside of work because of a family situation. Sickness within the family. So this becomes in a way... It does not fit me exactly” (Female, 46, A)*. One participant also stated that the item A2 did not feel relevant when unemployed: *“So then there is item A2 where it says that I have made plans with someone from my workplace to return to work. Well I am not employed so that feels a bit irrelevant so to speak” (Female, 28, A)*.

Several participants felt that the questionnaire made them reflect upon their readiness for RTW in a beneficial way: *“And if I am doing all I can to stay working? Yes I am actually doing that. So you get to view it in new way when it is printed” (Female, 56, B)*. Some participants also said that it would be useful for them to see if they would change their

answering of the questionnaire after their rehabilitation: “... if one had seen when comparing the first and the last questionnaire that something had happened. Then the person might think a bit more, maybe gained some new perspectives at least. That could be useful. Yes it could” (Female, 37, B).

Many participants also thought that the questionnaire would provide people in their support system with useful information regarding their situation: “I would assume that I can answer this related to my attitude towards staying at work or liking my work. So... I think you could discover a lot actually” (Female, 37, B). One of the participants did not see the questionnaire as useful: “Well I do not know if one could use this for anything because I have forgotten what I answered already” (Male, 40, B)

Overall the participants felt that the items were relevant in their situations and targeting what they viewed as important regarding their RRTW. In general the participants also found the questionnaire useful to answer. The extension of the target population including unemployed did create an issue for some participants regarding item A2. The research group still decided not to change the item to conserve comparability to the original questionnaire. In effect no changes were made to the questionnaire by the research group regarding Relevance.

**Answerability.** This theme provides insight into whether or not the participants felt able to answer the questionnaire adequately.

Many participants found it easy to choose which part of the questionnaire (A or B) to answer: “Well that was no problem, because I am not working” (Female, 54, A). Even those who worked part-time while receiving graded benefits were able to choose “... it is written partly back at work. So then I thought that I am only partly back. So then I chose B” (Female, 36, B). Others felt uncertain about the choice because they considered changing field of work: “... I feel caught in the middle. I ended up answering the part for those currently not working because I feel that I am not in the work I would like to be in” (Male, 41, A)

Some participants found the items easy to answer: “Yes it is easy to answer. Because it is on me. It is not on everyone else. Let everyone else do as they please. I got my own life. And that is something which I can affect” (Male, 40, B). These participants also found the answering alternatives sufficient: “Strongly agree, disagree well they fit everyone in some way on that scale I would think. So I thought it was OK. Very easy to just cross out” (Female, 56, B)

On the other hand many participants experienced a lot of uncertainty making it difficult to answer the items. The reasons for experiencing uncertainty varied between



participants. Some experienced uncertainty regarding their health status: *“So firstly I do not know if I got MS. So that would matter a lot if that is what I got. Or if I have fibromyalgia or if I... Well I am not examined at all” (Female, 44, B); “I do not think I will ever be able to go back to work... Difficult to answer really. That is something I am hoping to do, but I do not know because of my injury” (Male, 48, A).*

Some participants experienced uncertainty regarding the possibility of adapting their work sufficiently: *“It is like a minimum set I need to function within in order for me to stay at work. If I am not able I cannot stay in that job actually” (Female, 29, A).*

Some participants felt uncertain regarding what time frame they should base their answers on: *“Yes it was easy to understand. But it is just if this is about the present or ten years back or the future?”; “I know I do not expect to return to work right away, but maybe in half a year, a year or maybe even two years. It depends” (Male, 40, B).*

Other participants felt that their motivation and physical ability to work was contradictory, resulting in uncertainty when answering: *“It is like listening to your body telling you what it is ready for. Sometimes you might be more ready in your head than the body. It is like... I do want to, I just do not know how” (Female, 28, A); “This is not easy. No matter how much you want to. That is not the problem. God how I have been working” (Male, 48, A).*

Some participants even felt unable to answer because they felt it was not their responsibility to assess their own RRTW: *“I don’t think I will ever be able to go back to work... Well in that case it would be my doctor who should decide that with me. I cannot answer that myself” (Female, 28, A).*

Many of the participants experiencing this kind of uncertainty wanted some way of explaining their answers in the questionnaire: *“...I struggled a little to answer properly on this. I would like to explain a bit, not just put a mark in the middle” (Male, 35, A).* It was suggested to add a commenting field to make this possible: *“You could write a comment underneath this, could you not? So you can explain yourself. That’s a very good opportunity, and there is nothing like that here” (Female, 44, A).*

The participants expressing this kind of uncertainty seemed eager to assure the interviewer that though they felt uncertain regarding their RRTW they really wanted to work: *“Regarding work, I want to work. Regardless if I have to work in the cashier or anything. Because I cannot stay at home. I will go nuts. I will” (Female, 44, B).*

Overall the participants found it easy to choose between the two parts of the questionnaire (A or B). This also includes the participants partly working in combination with

receiving graded benefits. The participants considering changing occupation found the choice difficult. The decision to add the term “new work” in the instructional text made in relation to the initial pretest was considered a sufficient measure by the research group.

The large degree of uncertainty many of the participants experienced regarding answering items, made the research group decide to add the suggested commenting field after each part of the questionnaire (A and B). No other changes were made to the questionnaire regarding the discovered uncertainty, but the issue is discussed later.

### **Stage VI: Submission and Appraisal**

The stages of the Process of Cross Cultural Adaptation (Beaton et al., 2000) were completed as described. This study as a whole provides the documentation to be submitted and appraised by the developers (Franche et al., 2007). This will be done after the questionnaire has been validated further.

## **Discussion**

The purpose of this study was to establish a Norwegian cross-cultural adaptation of the RRTW scale (long version) with recommendations of use within the Norwegian context. This was accomplished through the reported translation process and secured through the initial and extended pretests. The Norwegian adaptation is found in Appendix C. The recommendations are given under Practical Implications.

Through stages I-IV of the completed cross-cultural adaptation process (Beaton et al., 2000) it was established a Norwegian pre-final version of RRTW scale (long version) presented in Appendix B. This version was evaluated in Stage V through the initial and extended pretests. The pretesting enabled an evaluation of the questionnaires semantic equivalence. This evaluation is discussed further.

The initial pretest identified a number of issues in the questionnaire. All the issues was discussed by the research group and used as grounds for making changes to the questionnaire. Some of the changes were in the phrasing of the items others made the research group decide to change the format and instructional text. The extended pretest provided a broad insight into how the participants experienced the questionnaire and how they felt it relates to their situation. In consequence additional changes were made to the questionnaire. In total these changes made a significant impact on the questionnaire, ensuring that it is understandable and answerable for the Norwegian target population. Consequently the research group was able to establish a finalized Norwegian version of the RRTW scale (long version).

Apart from issues discussed and handled by the research group, the participants found the comprehensibility, completeness, acceptability and relevance of the questionnaire satisfactory. This indicates that the completed Process of Cross-Cultural Adaptation (Beaton et al., 2000) ensured satisfactory semantic equivalence of the Norwegian adaptation to the original questionnaire. This indication is strengthened by the fact that there was not identified any systematically missing or single response items. In effect it is presumed that the Norwegian adaptation does not produce any biased item responses caused by language differences (Eremenco et al., 2005).

Furthermore the extended pretest showed that many of the participants experienced a large degree of uncertainty when answering the questionnaire. Many participants expressed that they did not know what to answer on items because they did not know what they thought regarding their RRTW. The explanations of this uncertainty varied between participants, but it did not seem to be connected to the comprehension, completeness, acceptability or relevance of the questionnaire i.e. the semantic equivalence to the original version (Eremenco et al., 2005). The participants explained their uncertainty by relating it to their setting e.g. unresolved health situations, the adaptability of their work, their relationship with their support system and considerations regarding changing work. This indicates that the uncertainty is caused by the participants RRTW and not the Norwegian adaptation's ability to adequately investigate this concept. In order to determine this, further validation of the finalized adaptation is needed. Such a validation will be a natural follow-up of this study (F. Abma et al., 2013).

Braathen et al. (2012) proposed differences in culture or patient setting as explanations to the different stage structure found in the Norwegian and Canadian cohort. The experienced uncertainty among the Norwegian participants in this study might explain the stage structure found by Braathen et al. (2012): (1) RTW inability; (2) RTW uncertainty; (3) Uncertain work maintenance; (4) Proactive work maintenance. In this study uncertainty clearly affected the way the participants answered the questionnaire. This is in alignment with the second and third stages identified by Braathen et al. (2012). This indicates that the uncertainty described in this study can explain the different stage structures identified. This view is strengthened by the similar findings of Stewart, Polak, Young, and Schultz (2012) showing how perceived uncertainty plays a key role in injured workers formation of expectations of RTW.

Presently there is no study on the Canadian target population comparable to this study which can explain the differences found in stage structures. Yet the goal population in Norway differs from the Canadian in ways that might affect RRTW stage structure. In

particular two aspects differ in the target populations: Causes of work disability and time frame for the RTW process.

Franché et al. (2007) reports that the Canadian target population was restricted to people with work disability caused by musculoskeletal disorders : “Eligible participants in the study had filed a lost-time claim for back or upper extremity (UE) work-related MSK disorders.” (Franché et al., 2007, p. 454) The Norwegian target population was decided to be all eligible for inpatient occupational rehabilitation in Norway. This target population includes a wider variety of work disability categories e.g. musculoskeletal disorders, common mental health problems, fatigue or burned out syndrome (Braathen et al., 2012).

The time frame of work disability and RTW process differs in the Canadian and Norwegian target populations. In the Canadian cohort the participants had been outside work a relatively short period of time: “Average time between injury date and the baseline interview date was 29.6 days (SD  $\frac{1}{4}$  6.2; range 15–46 days)” (Franché et al., 2007, p. 458). Most of the participants in this study had been outside work at least six months within the last year (See Tables 2-3). Also, some of the participants received work assessment allowance, which implies that they have been on sickness benefits for more than one year in total. In this study many of the participants found it difficult to know what time frame they were to base their answers on. Some of the participants had the perspective of several years before initiating RTW.

There is currently no way of directly investigating how these differences affect uncertainty within the two target populations. But the difference in causes of work disability and time frame for RTW process, indicate that the Norwegian target population experience more uncertainty regarding their RRTW than the Canadian target population. This view is strengthened by the fact that people eligible for inpatient occupational rehabilitation in Norway should have received appropriate medical treatment and workplace interventions before admittance to these programs. The fact that such treatments and interventions have not led to sustainable RTW might lead to a higher degree of uncertainty for patients regarding their RRTW. In the Canadian target population of lost-time claimants, such treatment and interventions might not yet have been completed (Franché et al., 2007). This supports the suggestion of Braathen et al. (2012) that the different stage structures found in the Norwegian and Canadian cohorts are caused by different patient settings. More insight into how different target populations experience RRTW is needed to confirm this.

The fact that the participants in this study found the questionnaire relevant and useful indicates that the use of the questionnaire within the Norwegian context can be used to tailor

RRTW interventions. This is supported by Braathen et al. (2014) which shows association between RRTW stage identified by the Norwegian RRTW scale (short version) and future work participation. The stages of (2) RTW uncertainty and (3) uncertain work maintenance were not associated with future work participation. The identified participant uncertainty might also provide a possible explanation for the association (and lack of such) between RRTW stages and future work participation.

### **Limitations**

The participants in this study were all recruited within the same population of people within a four week long inpatient occupational rehabilitation program described under Method. This population might not be representative to the Norwegian goal population of all people eligible for inpatient occupational rehabilitation. The fact that all the participants were committed to the same inpatient occupational rehabilitation program might cause biased responses and feedback in the pretest interviews. The fact that the participants were comparable to the Norwegian cohort described by Braathen et al. (2012) made it possible to relate findings to that study. Further research on the concept of RRTW and validation of the Norwegian adaptation of RRTW scale (long version) should be performed including other groups within the goal population.

The initial pretest in this study was performed as focus-group interviews with (2-6) participants. In the method of Cross-Cultural Adaptation described by Beaton et al. (2000) the pretest is not described as focus groups: “Each subject completes the questionnaire, and is interviewed to probe about what he or she thought was meant by each questionnaire item and the chosen response. Both the meaning of the items and responses would be explored.” (Beaton et al., 2000, p. 3189) . Consequently the initial pretest diverted from the described method of choice in the Norwegian cross-cultural adaptation of RRTW scale (long version). The method used in the initial pretest can be categorized as Retrospective Debriefing Interviewing or Form Appraisal, while the method described by Beaton et al. (2000) can be categorized as Cognitive Debriefing Interviewing (Eremenco et al., 2005). Research investigating differences in usefulness of these different techniques shows that though the Cognitive Debriefing Interviews might uncover a larger number of issues quantitatively, Retrospective Debriefing Interviews identifies the same issues with fewer duplicates (Rothgeb, Willis, & Forsyth, 2007). Still the technique used in the initial pretest might have overlooked issues a pretest based on Cognitive Debriefing Interviews, would have identified.

However, as the initial pretest was combined with a different approach in the extended pretest, the possibility of overlooking issues was counteracted.

The extended pretest had a goal of 8-10 participants on each of the two parts of the questionnaire (A: For those not back at work; B: For those back at work). The extended pretest was performed by 9 participants in the A category and 7 in the B category. This was below the goal in the B category. The reason was time restrictions, and that the last interviews did not seem to contribute with much new information regarding the understanding and answering of the RRTW scale (long version) within the Norwegian setting. This implies theoretical saturation. Theoretical saturation are by most researchers regarded as more important than a given number of respondents (Beitin, 2012). Still there might have been uncovered new information if there had been more participants in category B.

The decision to use a theoretical thematic analysis (Braun & Clarke, 2006) might have resulted in some underlying themes to remain unidentified. A more inductive approach to the analysis of transcripts might have identified a different set of themes and descriptions. The theoretical approach did allow the strong connection to existing literature and thus enabling the use of this study to possibly explain findings in other studies.

### **Practical Implications**

This study shows that the semantic equivalence to the original questionnaire is satisfactory for the finalized Norwegian adaptation. This indicates that the questionnaire is well understood and found relevant within the Norwegian setting. This makes it recommendable to use this questionnaire in the Norwegian setting in further research. The facts that the participants found the questionnaire useful to answer and able to identify important changes regarding their RRTW, suggest possible clinical use of the questionnaire. This is further supported by the findings of Braathen et al. (2014) associating stages identified by the RRTW scale (short version) and future work participation.

The target population for the Norwegian adaptation of the RRTW scale (long version) differs from the target population in which the original questionnaire was validated. It has been documented that this affects the interpretation of answers regarding stage structure of RRTW (Braathen et al., 2012). This study also explains how this difference in target population might lead to different degrees of uncertainty when answering the questionnaire. Consequently it is recommended to always use the Norwegian adaptation together with investigations of socio-demographic characteristics. This might clarify the respondents

answering regarding choice of part (A or B) and their uncertainty related to RTW complexity i.e. uncertain health status and time frame for RTW process.

The discovered uncertainty among the participants further suggests that the questionnaire should be administered including a commenting field within the Norwegian setting. Such a commenting field makes the respondents able to explain their answering and it will provide researchers or practitioners with information regarding the respondents answering. This information can be used for further investigation of the concept of RRTW within the Norwegian setting. The commenting field might also provide important information to practitioners regarding the participants RRTW. In clinical use it is also highly recommended to administer the questionnaire followed by a conversation where the respondents might explain their answers in order to identify important aspects regarding their RRTW.

The completed Norwegian cross-cultural adaptation of the RRTW scale (long version) presented in this study enables the questionnaire to be further validated in relation to its psychometric properties. This will in turn enable an evaluation of the Norwegian adaptation's measurement equivalence to the original (Eremenco et al., 2005).

### **Concluding Remarks**

This study documents the Norwegian cross-cultural adaptation of the RRTW scale (long version). It was concluded that the finalized adaptation of the questionnaire had satisfactory semantic equivalence to the original. Further it was shown how differences in stage structures found within the Norwegian and Canadian setting might indeed be explained by differences in culture and patient setting as proposed by Braathen et al. (2012). This study explained how the complexity of the RTW process leads to a high degree of uncertainty regarding answering items in the questionnaire among many of the Norwegian participants. This unique insight into these aspects of the RTW process in the Norwegian setting might explain identified associations between RRTW and future work participation (Braathen et al., 2014). This study provides the knowledge needed for this questionnaire to be validated further within the Norwegian setting. The results from this study further indicate that the questionnaire may provide a useful tool for tailoring RTW interventions in Norway.

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**Appendix A: Original pool of items in the RRTW scale (long version)**

Readiness for change

The following section is about your feelings about getting ready to return to work. Keep in mind that “back to work” could mean back to part-time or modified work. One of the main purposes of the study is to develop the next set of questions, and this is why certain items may appear repetitive. We would greatly appreciate your patience in helping us assess these items.

Are you currently back at work?    No – a1 to a22 (page 14-15) only.

Yes – b1 to b12 (page 15-16) only

<u>FOR THOSE NOT BACK AT WORK</u>	strongly disagree	disagree	neither disagree nor agree	agree	Strongly agree
a1) You don't think you will ever be able to go back to work.	1	2	3	4	5
a2) You have been making plans with someone from your workplace to return to work.	1	2	3	4	5
a3) You've been thinking about making some changes that will help you go back to work.	1	2	3	4	5
a4) As far as you're concerned, there is no point in thinking about returning to work.	1	2	3	4	5
a5) You have learned different ways to cope with your pain so that you can return to work	1	2	3	4	5
a6) You are actively doing things now to get back to work.	1	2	3	4	5
a7) You think you might be ready to go back to work.	1	2	3	4	5
a8) You are planning to go back to work, even if your pain is not 100% gone.	1	2	3	4	5
a9) Physically, you are starting to feel ready to go back to work.	1	2	3	4	5

<u>FOR THOSE NOT BACK AT WORK</u>	strongly disagree	disagree	neither disagree nor agree	agree	Strongly agree
a10) You have been increasing your activities at home in order to build up your strength to go back to work.	1	2	3	4	5
a11) You are getting help from others to return to work.	1	2	3	4	5
a12) You are not ready to go back to work.	1	2	3	4	5
a13) You have found strategies to make your work manageable so you can return to work.	1	2	3	4	5
a14) Mentally you are starting to feel ready to go back to work.	1	2	3	4	5
a15) You have been wondering if there is something you could do to return to work.	1	2	3	4	5
a16) You worry about having to stop working again due to your injury.	1	2	3	4	5
a17) You have started thinking about going back to work.	1	2	3	4	5
a18) You have a date for your first day back at work.	1	2	3	4	5
a19) You wonder if you will be able to go back to work.	1	2	3	4	5
a20) You wish you had more ideas about how to get back to work.	1	2	3	4	5
a21) You'd like to have some advice about how to go back to work.	1	2	3	4	5
a22) As far as you are concerned, you don't need to go back to work ever.	1	2	3	4	5

<u>FOR THOSE WHO ARE CURRENTLY BACK AT WORK</u>	strongly disagree	disagree	neither disagree nor agree	agree	Strongly agree
b1) You are trying different strategies to stay at work.	1	2	3	4	5
b2) You are doing everything you can to stay at work.	1	2	3	4	5
b3) You are getting help from others to stay at work.	1	2	3	4	5
b4) You are working hard to find ways to cope with the difficulties of being back at work.	1	2	3	4	5
b5) You have learned different ways to cope with your pain so that you can stay at work.	1	2	3	4	5
b6) You are taking steps to prevent having to go off work again due to your injury.	1	2	3	4	5
b7) You have found strategies to make your work manageable so you can stay at work.	1	2	3	4	5
b8) You are back at work but not sure you can keep up the effort.	1	2	3	4	5
b9) You worry about having to stop working again due to your injury.	1	2	3	4	5
b10) You still find yourself struggling to stay at work due to the effects of your injury.	1	2	3	4	5
b11) You are back at work and it is going well.	1	2	3	4	5
b12) You feel you may need help in order to stay at work.	1	2	3	4	5

Original pool of items mentioned in Franche et al. (2007).

## Appendix B: Norwegian pre-final version of the RRTW scale (long version)

"Readiness for return to work" Franche m.fl. 2007

Oversatt til norsk av AiR Nasjonalt kompetansesenter for arbeidsretta rehabilitering

### Klar for arbeid skala – lang versjon

Dette skjemaet handler om dine følelser rundt det å bli klar for å komme tilbake til arbeid eller å fortsette i arbeid. Vær oppmerksom på at arbeid kan bety delvis arbeid eller tilrettelagt arbeid/endrede arbeidsoppgaver.

Er du i arbeid på nåværende tidspunkt?

Hvis nei – svar kun på a1 til a22.

Hvis ja – svar kun på b1 til b12.

#### For de som ikke er (tilbake) i arbeid:

	Helt uenig	Uenig	Verken enig eller uenig	Enig	Helt enig
A1) Jeg tror ikke at jeg noensinne vil bli i stand til å komme tilbake til arbeid					
A2) Jeg har laget en plan sammen med noen på min arbeidsplass for å komme tilbake til arbeid					
A3) Jeg har tenkt på å gjøre noen forandringer som vil hjelpe meg tilbake til arbeid					
A4) Slik jeg ser det er det ingen vits i å tenke på å komme tilbake til arbeid					
A5) Jeg har lært ulike måter å mestre helseplagene mine på, slik at jeg kan komme tilbake til arbeid					
A6) Jeg gjør noe aktivt for å komme tilbake til arbeid					
A7) Jeg tror jeg muligens kan bli klar for å komme tilbake til arbeid					
A8) Jeg planlegger å komme tilbake til arbeid, selv om helseplagene mine ikke er helt borte					
A9) Fysisk begynner jeg å føle meg klar for å komme tilbake til arbeid					
A10) Jeg har økt mine aktiviteter hjemme for å bli sterk nok til å komme tilbake til arbeid					
A11) Jeg får hjelp fra andre til å komme tilbake til arbeid					
A12) Jeg er ikke klar for å komme tilbake til arbeid					
A13) Jeg har funnet måter å gjøre arbeidet mitt overkommelig på, slik at jeg kan komme tilbake til arbeid					
A14) Mentalt begynner jeg å føle meg klar for å komme tilbake til arbeid					



	Helt uenig	Uenig	Verken enig eller uenig	Enig	Helt enig
A15) Jeg har lurt på om det er noe jeg kan gjøre for å komme tilbake til arbeid					
A16) Jeg bekymrer meg for om jeg må stoppe å arbeide igjen på grunn av helseplagene mine					
A17) Jeg har begynt å tenke på å komme tilbake til arbeid					
A18) Jeg har en dato for min første dag tilbake i arbeid					
A19) Jeg lurer på om jeg vil bli i stand til å komme tilbake til arbeid					
A20) Jeg ønsker jeg hadde flere ideer om hvordan jeg kan komme tilbake til arbeid					
A21) Jeg vil gjerne ha noen råd om hvordan jeg kan vende tilbake til arbeid					
A22) Slik jeg ser det trenger jeg aldri gå tilbake til arbeid					

#### For de som er (tilbake) i arbeid:

	Helt uenig	Uenig	Verken enig eller uenig	Enig	Helt enig
b1) Jeg prøver ulike strategier for å fortsette å arbeide					
b2) Jeg gjør alt jeg kan for å fortsette å arbeide					
b3) Jeg får hjelp fra andre til å fortsette å arbeide					
B4) Jeg jobber hardt for å finne måter å mestre vanskelighetene med å være i arbeid					
B5) Jeg har lært ulike måter å mestre helseplagene mine på slik at jeg kan fortsette å arbeide					
B6) Jeg tar noen grep for å forhindre at jeg må slutte å arbeide på grunn av helseplagene mine					
B7) Jeg har funnet måter å gjøre arbeidet overkommelig på slik at jeg kan fortsette å arbeide					
B8) Jeg er tilbake i arbeid, men er ikke sikker på om jeg kan opprettholde den samme innsatsen					
B9) Jeg bekymrer meg for å måtte slutte å arbeide på grunn av helseplagene mine					
B10) Jeg strever fortsatt med å holde meg i arbeid på grunn av helseplagene mine					
B11) Jeg er tilbake i arbeid og det går fint					
B12) Jeg føler at jeg kan trenge hjelp for å kunne fortsette å arbeide					

## Appendix C: Finalized Norwegian adaptation of the RRTW scale (long version)

Adapted by the National Centre for Occupational Rehabilitation, Norway

# Klar for arbeid

For deg som ikke er (tilbake) i arbeid

Fyll ut kun A1-A22 på side 1-3

*Dersom du er tilbake i arbeid vennligst svar på B1-B12 på side 4-5*

Dette skjemaet handler om dine følelser rundt det å bli klar for å komme tilbake til arbeid eller å fortsette i arbeid. Vær oppmerksom på at arbeid kan bety delvis arbeid, tilrettelagt arbeid, endrede arbeidsoppgaver eller nytt arbeid. Dette skjemaet er under utprøving derfor kan noen påstander oppleves gjentakende. Benytt gjerne kommentarfeltet nederst.

**Vennligst sett ring rundt det alternativet som passer best for deg.**

		Helt uenig	Delvis uenig	Verken enig eller uenig	Delvis enig	Helt enig
A1	Jeg tror ikke at jeg noensinne vil bli i stand til å komme tilbake til arbeid	1	2	3	4	5
A2	Jeg har laget en plan sammen med noen på min arbeidsplass for å komme tilbake til arbeid	1	2	3	4	5
A3	Jeg har tenkt på å gjøre noen forandringer som vil hjelpe meg tilbake til arbeid	1	2	3	4	5
A4	Slik jeg ser det er det ikke noe poeng i å tenke på å komme tilbake til arbeid	1	2	3	4	5
A5	Jeg har lært ulike måter å mestre helseplagene mine på, slik at jeg kan komme tilbake til arbeid	1	2	3	4	5
A6	Jeg gjør noe aktivt for å komme tilbake til arbeid	1	2	3	4	5

		Helt uenig	Delvis uenig	Verken enig eller uenig	Delvis enig	Helt enig
A7	Jeg tror jeg kan bli klar for å komme tilbake til arbeid	1	2	3	4	5
A8	Jeg planlegger å komme tilbake til arbeid, selv om helseplagene mine ikke er helt borte	1	2	3	4	5
A9	Fysisk begynner jeg å føle meg klar for å komme tilbake til arbeid	1	2	3	4	5
A10	Jeg har økt mine aktiviteter hjemme for å bli sterk nok til å komme tilbake til arbeid	1	2	3	4	5
A11	Jeg får hjelp fra andre til å komme tilbake til arbeid	1	2	3	4	5
A12	Jeg er ikke klar for å komme tilbake til arbeid	1	2	3	4	5
A13	Jeg har funnet måter å gjøre arbeidet mitt overkommelig på, slik at jeg kan komme tilbake til arbeid	1	2	3	4	5
A14	Mentalt begynner jeg å føle meg klar for å komme tilbake til arbeid	1	2	3	4	5
A15	Jeg har lurt på om jeg kan gjøre noe selv for å komme tilbake til arbeid	1	2	3	4	5
A16	Jeg bekymrer meg for å måtte slutte å arbeide på grunn av helseplagene mine	1	2	3	4	5
A17	Jeg har begynt å tenke på å komme tilbake til arbeid	1	2	3	4	5
A18	Jeg har en dato for min første dag tilbake i arbeid	1	2	3	4	5
A19	Jeg lurer på om jeg vil bli i stand til å komme tilbake til arbeid	1	2	3	4	5

		Helt uenig	Delvis uenig	Verken enig eller uenig	Delvis enig	Helt enig
A20	Jeg ønsker jeg hadde flere ideer om hvordan jeg kan komme tilbake til arbeid	1	2	3	4	5
A21	Jeg vil gjerne ha noen råd om hvordan jeg kan komme tilbake til arbeid	1	2	3	4	5
A22	Slik jeg ser det trenger jeg aldri gå tilbake til arbeid	1	2	3	4	5

Kommentarer:

# Klar for arbeid

For deg som er (tilbake) i arbeid

Svar kun på B1-B12 på side 4-5

Dersom du ikke er tilbake i arbeid vennligst svar på A1 til A22 på side 1-3

Dette skjemaet handler om dine følelser rundt det å bli klar for å komme tilbake til arbeid eller å fortsette i arbeid. Vær oppmerksom på at arbeid kan bety delvis arbeid, tilrettelagt arbeid, endrede arbeidsoppgaver eller nytt arbeid. Dette skjemaet er under utprøving derfor kan noen påstander oppleves gjentakende. Benytt gjerne kommentarfeltet nederst.

**Vennligst sett ring rundt det alternativet som passer best for deg.**

		Helt uenig	Delvis uenig	Verken enig eller uenig	Delvis enig	Helt enig
B1	Jeg prøver ulike strategier for å fortsette å arbeide	1	2	3	4	5
B2	Jeg gjør alt jeg kan for å fortsette å arbeide	1	2	3	4	5
B3	Jeg får hjelp fra andre til å fortsette å arbeide	1	2	3	4	5
B4	Jeg jobber hardt for å finne måter å mestre vanskelighetene med å være i arbeid	1	2	3	4	5
B5	Jeg har lært ulike måter å mestre helseplagene mine på slik at jeg kan fortsette å arbeide	1	2	3	4	5
B6	Jeg tar noen grep for å forhindre at jeg må slutte å arbeide på grunn av helseplagene mine	1	2	3	4	5
B7	Jeg har funnet måter å gjøre arbeidet overkommelig på slik at jeg kan fortsette å arbeide	1	2	3	4	5
B8	Jeg er tilbake i arbeid, men er ikke sikker på om jeg kan opprettholde den samme innsatsen	1	2	3	4	5

		Helt uenig	Delvis uenig	Verken enig eller uenig	Delvis enig	Helt enig
B9	Jeg bekymrer meg for å måtte slutte å arbeide på grunn av helseplagene mine	1	2	3	4	5
B10	Jeg strever fortsatt med å holde meg i arbeid på grunn av helseplagene mine	1	2	3	4	5
B11	Jeg er tilbake i arbeid og det går fint	1	2	3	4	5
B12	Jeg føler jeg kan trenge hjelp til å fortsette å arbeide	1	2	3	4	5

Kommentarer:

## Appendix D: Descriptive statistics of item responses in the pretests

**Responses from the initial pretest n=73 (A: n=39; B: n=34)**

Item	Missing n	Responses n (%)					Mean 1-5 scale
		Strongly disagree (1)	Disagree (2)	Neither disagree nor agree (3)	Agree (4)	Strongly agree (5)	
A1	0	24 (61.5)	9 (23.1)	5 (12.8)	1 (2.6)	0 (0)	1.56
A2	0	16 (41.0)	5 (12.8)	11 (28.2)	5 (12.8)	2 (5.1)	2.28
A3	1	2 (5.1)	0 (0)	6 (15.4)	21 (53.8)	9 (23.1)	3.92
A4	0	28 (71.8)	7 (17.9)	4 (10.3)	0 (0)	0 (0)	1.38
A5	0	2 (5.1)	11 (28.2)	20 (51.3)	5 (12.8)	1 (2.6)	2.79
A6	0	1 (2.6)	0 (0)	3 (7.7)	21 (53.8)	14 (35.9)	4.21
A7	0	0 (0)	4 (10.3)	7 (17.9)	14 (35.9)	14 (35.9)	3.97
A8	0	1 (2.6)	2 (5.1)	4 (10.3)	18 (46.2)	14 (35.9)	4.08
A9	0	7 (17.9)	9 (23.1)	14 (35.9)	8 (20.5)	1 (2.6)	2.67
A10	0	6 (15.4)	5 (12.8)	12 (30.8)	11 (28.2)	5 (12.8)	3.10
A11	0	1 (2.6)	1 (2.6)	9 (23.1)	17 (43.6)	11 (28.2)	3.92
A12	0	5 (12.8)	7 (17.9)	10 (25.6)	11 (28.2)	6 (15.4)	3.15
A13	0	10 (25.6)	12 (30.8)	13 (33.3)	4 (10.3)	0 (0)	2.28
A14	0	5 (12.8)	11 (28.2)	12 (30.8)	9 (23.1)	2 (5.1)	2.79
A15	0	1 (2.6)	0 (0)	11 (28.2)	20 (51.3)	7 (17.9)	3.82
A16	0	0 (0)	4 (10.3)	6 (15.4)	23 (59.0)	6 (15.4)	3.79
A17	0	2 (5.1)	2 (5.1)	6 (15.4)	24 (61.5)	5 (12.8)	3.72
A18	1	21 (53.8)	8 (20.5)	5 (12.8)	0 (0)	4 (10.3)	1.89
A19	0	7 (17.9)	7 (17.9)	11 (28.2)	13 (33.3)	1 (2.6)	2.85
A20	0	1 (2.6)	2 (5.1)	8 (20.5)	18 (46.2)	10 (25.6)	3.87
A21	0	0 (0)	0 (0)	3 (7.7)	17 (43.6)	19 (48.7)	4.41
A22	0	29 (74.4)	6 (15.4)	4 (10.3)	0 (0)	0 (0)	1.36

<b>B1</b>	0	0 (0)	0 (0)	5 (14.7)	18 (52.9)	11 (32.4)	4.81
<b>B2</b>	0	0 (0)	0 (0)	0 (0)	15 (44.1)	19 (55.9)	4.56
<b>B3</b>	0	2 (5.9)	6 (17.6)	5 (14.7)	15 (44.1)	6 (17.6)	3.50
<b>B4</b>	0	0 (0)	0 (0)	5 (14.7)	18 (52.9)	11 (32.4)	4.18
<b>B5</b>	0	0 (0)	4 (11.8)	15 (44.1)	13 (38.2)	2 (5.9)	3.38
<b>B6</b>	1	0 (0)	0 (0)	6 (17.6)	20 (58.8)	7 (20.6)	4.03
<b>B7</b>	0	0 (0)	6 (17.6)	13 (38.2)	12 (35.3)	3 (8.8)	3.35
<b>B8</b>	1	3 (8.8)	3 (8.8)	6 (17.6)	15 (44.1)	6 (17.6)	3.55
<b>B9</b>	0	4 (11.8)	8 (23.5)	5 (14.7)	12 (35.3)	5 (14.7)	3.18
<b>B10</b>	0	2 (5.9)	5 (14.7)	11 (32.4)	9 (26.5)	7 (20.6)	3.41
<b>B11</b>	2	2 (5.9)	9 (26.5)	14 (41.2)	6 (17.6)	1 (2.9)	2.84
<b>B12</b>	0	1 (2.9)	5 (14.7)	3 (8.8)	17 (50.0)	8 (23.5)	3.76

**Responses from the extended pretest n=16 (A: n=9; B: n=7)**

Item	Missing n	Responses n (%)					Mean 1-5 scale
		Strongly disagree (1)	Disagree (2)	Neither disagree nor agree (3)	Agree (4)	Strongly agree (5)	
<b>A1</b>	0	4 (44.4)	2 (22.2)	3 (33.3)	0 (0)	0 (0)	1.89
<b>A2</b>	0	6 (66.7)	2 (22.2)	0 (0)	0 (0)	1 (11.1)	1.67
<b>A3</b>	0	0 (0)	0 (0)	2 (22.2)	4 (44.4)	3 (33.3)	4.11
<b>A4</b>	0	5 (55.6)	2 (22.2)	2 (22.2)	0 (0)	0 (0)	1.67
<b>A5</b>	0	0 (0)	3 (33.3)	2 (22.2)	3 (33.3)	1 (11.1)	3.22
<b>A6</b>	0	0 (0)	0 (0)	2 (22.2)	3 (33.3)	4 (44.4)	4.22
<b>A7</b>	0	0 (0)	0 (0)	2 (22.2)	2 (22.2)	5 (55.6)	4.33
<b>A8</b>	0	0 (0)	1 (11.1)	2 (22.2)	3 (33.3)	3 (33.3)	3.89
<b>A9</b>	0	2 (22.2)	3 (33.3)	1 (11.1)	3 (33.3)	0 (0)	2.56
<b>A10</b>	0	0 (0)	1 (11.1)	3 (33.3)	5 (55.6)	0 (0)	3.44
<b>A11</b>	0	0 (0)	0 (0)	4 (44.4)	3 (33.3)	2 (22.2)	3.78



<b>A12</b>	0	1 (11.1)	1 (11.1)	3 (33.3)	2 (22.2)	2 (22.2)	3.33
<b>A13</b>	0	2 (22.2)	4 (44.4)	3 (33.3)	0 (0)	0 (0)	2.11
<b>A14</b>	0	2 (22.2)	2 (22.2)	2 (22.2)	3 (33.3)	0 (0)	2.67
<b>A15</b>	0	0 (0)	0 (0)	1 (11.1)	5 (55.6)	3 (33.3)	4.22
<b>A16</b>	0	0 (0)	2 (22.2)	0 (0)	5 (55.6)	2 (22.2)	3.78
<b>A17</b>	0	0 (0)	2 (22.2)	3 (33.3)	2 (22.2)	2 (22.2)	3.44
<b>A18</b>	0	7 (77.8)	1 (11.1)	1 (11.1)	0 (0)	0 (0)	1.33
<b>A19</b>	0	1 (11.1)	1 (11.1)	4 (44.4)	2 (22.2)	1 (11.1)	3.11
<b>A20</b>	0	0 (0)	0 (0)	6 (66.7)	1 (11.1)	2 (22.2)	3.56
<b>A21</b>	0	0 (0)	0 (0)	1 (11.1)	4 (44.4)	4 (44.4)	4.33
<b>A22</b>	0	6 (66.7)	1 (11.1)	2 (22.2)	0 (0)	0 (0)	1.56
<b>B1</b>	0	0 (0)	0 (0)	1 (14.3)	2 (28.6)	4 (57.1)	4.43
<b>B2</b>	0	0 (0)	0 (0)	1 (14.3)	1 (14.3)	5 (71.4)	4.57
<b>B3</b>	0	1 (14.3)	2 (28.6)	0 (0)	3 (42.9)	1 (14.3)	3.14
<b>B4</b>	0	0 (0)	0 (0)	0 (0)	4 (57.1)	3 (42.9)	4.43
<b>B5</b>	0	0 (0)	0 (0)	3 (42.9)	3 (42.9)	1 (14.3)	3.71
<b>B6</b>	0	0 (0)	0 (0)	2 (28.6)	1 (14.3)	4 (57.1)	4.29
<b>B7</b>	0	1 (14.3)	0 (0)	3 (42.9)	2 (28.6)	1 (14.3)	3.29
<b>B8</b>	0	1 (14.3)	2 (28.6)	0 (0)	4 (57.1)	0 (0)	3.00
<b>B9</b>	0	2 (28.6)	0 (0)	2 (28.6)	3 (42.9)	0 (0)	2.86
<b>B10</b>	0	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	3.86
<b>B11</b>	0	3 (42.9)	3 (42.9)	1 (14.3)	0 (0)	0 (0)	1.71
<b>B12</b>	0	0 (0)	0 (0)	1 (14.3)	3 (42.9)	3 (42.9)	4.29

## Appendix E: Issues identified in the initial pretest

Issues are listed described. The number of focus groups in which the issues were mentioned is also presented.

Issue (Mentions)	Description	Decision
Typing errors (2)	Some punctuation errors and one obvious error of doubling a word.	Corrections were made.
Formatting (7)	Difficult to keep track of the answering alternatives while filling out. Suggested alternating row coloring and move the index numbering into a separate column.	Numbers related to answering alternatives were included within the answering boxes. Alternating row coloring was included and index numbering was moved into separate column.
Item content (8)	The following items were perceived as unclear and difficult to understand: A7; A12; A15; A16; B5; B6; B9; B12. The following items contained terms participants perceived as not specific enough making the items difficult to answer: A3 (some changes); A10 (increased activities); A11(help from others); A15(something you could do); A21(some advice). A2 did not seem relevant for unemployed. A4 was perceived as very negatively phrased.	In A7 the Norwegian equivalent of the word <i>possibly</i> was removed. A15 was reformulated. A16 was reformulated according to B9. A21 changed the Norwegian equivalent of the word <i>return</i> . B12 was changed according to previous Norwegian translation (Braathen et al., 2012). A2 and A4 were decided to be investigated further in the extended pretest.
Order of items (2)	The order of items in part A were perceived as unfortunate because item A1 and A22 (first and last) were perceived as challenging emotionally. The order of items in part B was perceived as unfortunate because B1 entailed difficult reflections which made the answering difficult to initiate.	No changes made.
Repetitiveness (10)	The questionnaire was perceived as repetitive. Some participants found this disturbing.	The issue was decided to be investigated further in the extended pretest.
Answering alternatives (4)	The participants found the answering alternatives not natural. Participants found it difficult to differentiate the meanings of some alternatives.	Two alternatives were rephrased.
Extended answering (4)	Participants missed some way of explaining their answers in the questionnaire.	The issue was decided to be investigated further in the extended pretest.
Consideration (6)	Participants had several issues regarding what to consider when answering the questionnaire. This was related to subjective or objective judgment, time frame, specific or general relation to work and new or old occupation.	The issue was decided to be investigated further in the extended pretest.
Answering during rehabilitation (7)	Participants experienced some difficulty answering the questionnaire while being in an inpatient occupational rehabilitation program.	The issue was decided to be investigated further in the extended pretest.
Combined work and benefits (2)	Participants partly working and partly receiving benefits found it difficult to answer the questionnaire.	The issue was decided to be investigated further in the extended pretest.
Instructional text (6)	Participants found the instructional text difficult. Some did not feel that the text included their perspective because they were in the process of changing occupation.	The Norwegian equivalent of <i>new work</i> was included in the instructional text. The text was further investigated in the extended pretest.
Title (3)	Participants found the title uninformative. The term long version was not understood.	The term long version was excluded from the title.

## Appendix F: Original quotes from the extended pretest with own translations

### Comprehensibility

Respondent category	Original quote	Own translation
Female, 56 years, back at work	Språket var tydelig. Jeg greide i hvert fall å forstå det som det ble spurt om. Språket var fint. Enkelt og greit. Så det er lett å forstå det.	The language was clear. At least I managed to understand what was asked. The language was fine. So it was easy to understand it.
Female, 36 years, back at work	Ja, for strategier og slikt. Ja, det kan jo være slik fagfolk snakker om i større grad enn det jeg gjør	Yes because strategies and such. Well it is something professionals talk more about than I do
Female, 36 years, not back at work	Ja, første gangen jeg leste det så syns jeg at det var litt vanskelig å få det klart i hodet hva det var jeg skulle svare på. Men når jeg kikket litt videre så var det jo veldig tydelig	Yes the first time I read it I found it difficult to wrap my head around what to answer. But when I looked a bit further it became very clear.
Male, 41 years, not back at work	Overskriften kunne kanskje vært litt annerledes. Den ga ikke så mye mening den overskriften... En overskrift som sier noe om hva det handler om.	Maybe the title could have been different. It did not make much sense.... A title which says something about what it is about.

### Completeness

Respondent information	Original quote	Own translation
Female, 28 years, not back at work	Jeg føler jo at den tar det fra alle sider egentlig altså det spørreskjemaet her sånn sett.	I feel that this covers it from every side, well when looking at this questionnaire.
Male, 40 years, back at work	Nei, igjen så veit jeg ikke hva du bruker de her til syvende og sist til.	No, again I do not know what you are going to use this for in the end.
Male, 35 years, back at work	... noen andre typer spørsmål ville jeg kanskje hatt med. Spesielt en med gradering på hvor mye hjelp du trenger, og hvor my du selv føler du kan bidra med.	... some other types of questions I would have included. Especially one with grading of how much help you need and how much you feel you can contribute with yourself.
Female, 36 years, back at work	Men de spør ikke om hvem som hjelper deg da. Om det er riktig person som eller, de spør ikke om det er arbeidsgiver eller...	But they do not ask about who is helping you. If it is the right person or they do not ask if it is employer.

## Acceptability

Respondent information	Original quote	Own translation
Male, 48 years, not back at work	Hva mener du liksom, ubehagelige? Nei, jeg synes ikke det jeg. Jeg synes det var veldig greit. Ja.	What do you mean, unpleasant? No, I don't think so. I found it all right. Yes
Male, 35 years, not back at work	Nei, ikke når du har en kolonne som helt uenig. Du kunne slengt ut hva som helst av påstander synes jeg da når du har de alternativene. For du får så markert hva du står for da.	No, not when you have a column like strongly disagree. You could have put all kinds of claims out there when you have those alternatives, I think. Because you get to point out what you stand for.
Female, 29 years, not back at work	Det føles som mange andre holdninger man møter. Jeg tror i alle fall jeg ville føle på det hvis jeg hadde vært en som ikke hadde vært i arbeid på en lang stund da. Ingen vits i... Det er dårlig.	It feels like a lot like other attitudes you meet. I think at least I would feel that way if I had been outside work a long time. No point... That's bad.
Female, 36 years, back at work	Det er jo slik at det gjentar seg litt tenker jeg.	It is like it is repeating itself I think
Female, 44 years, not back at work	Man må jo bare tenke litt, lese spørsmålene godt. Tenkte ikke noe negativt over det.	You just have to think a little, read the questions well. Did not think anything negatively about it.
Female, 29 years, not back at work	Så det er litt vanskelig... Noen av de er litt motstridende så man svarer noe man kan stå for på et spørsmål og så må man gå tilbake nesten og se fordi det er et spørsmål som ligner veldig da.	So it is a bit difficult... Some are a bit contradicting so when you answer something you can stand for o none item you have to og back and check because it is a very similar question.

## Relevance

Respondent information	Original quote	Own translation
Female, 56 years, back at work	Så det var veldig relevant. Så jeg synes spørsmålene var relevante.	So it was very relevant. I thought the questions were relevant.
Female, 47 years, back at work	Det går vel mye på min innsats da. Hva jeg gjør og hva jeg vil gjøre fremover. Det går mye på meg da. Ansvar på meg.	It is about my own effort. What I do and what I want to do going forward. It is a lot about me. Responsibility on me.
Female, 54 years, not back at work	Ja, det blir jo helse. Ja, det blir jo det. For det stresser meg, og det er ikke noe positivt stress, nei.	Well it is health. Yes, it would be that. Because it stresses me and it is not positive stress, no.
Female, 36 years, not back at work	Det er jo rammene i livet mitt. At jeg må gjøre noe med de hvis jeg skal klare å jobbe. Ja, så det er det som er styrende.	It is the circumstances in my life. That I have to do something about that if I am going to be able to work. Yes that is what is ruling.

Female, 28 years, not back at work	Det er liksom hva hodet mitt har lyst til, og hva kroppen min sier nei til.	It is somehow what my head wants and what the body says no to.
Female 46, years not back at work	For jeg er ikke ute av jobb på grunn av jobben, men jeg er ute av jobben på grunn av en familiesituasjon. Sykdom i familien... Så derfor så blir den her på en måte. Den passer ikke helt for meg.	Because I am not outside work because of my job, but I am outside of work because of a family situation. Sickness within the family. So this becomes in a way... It does not fit me exactly.
Female, 28 years, not back at work	Så er det jo da spørsmål A2 Så står det jeg har laget en plan sammen med noen på min arbeidsplass for å komme tilbake i arbeid. Jeg er jo ikke i arbeid, så da er det spørsmålet litt irrelevant sånn i den forstand	So then there is item A2 where it says that I have made plans with someone from my workplace to return to work. Well I am not employed so that feels a bit irrelevant so to speak.
Female, 56 years, back at work	Og jeg gjør alt jeg kan for å fortsette å arbeide, ja det gjør jeg søren meg. Så da får du liksom sett det på en annen måte når du får det ned på trykk.	And if I am doing all I can to stay working? Yes I am actually doing that. So you get to view it in new way when it is printed.
Female, 37 years, back at work	... hvis jeg hadde sett ved å gjort en sammenligning mellom det første spørreskjemaet og det siste at her har det skjedd noe. Da tenker jo kanskje den personen litt mer, har fått litt andre perspektiver i hvert fall. Så det kan sikkert være nyttig. Ja det kan det være.	... if I had seen through comparing the first and the last questionnaire that something has happened. Then the person might think a bit more, maybe gained some new perspectives at least. That could be useful. Yes it could.
Female, 37 years, back at work	Jeg vil jo tro at man kan sette svar eller kryss her ut ifra hvilken innstilling jeg har til det å være i jobb eller det å like jobben sin. Så da... Jeg ser for meg at du kan finne ut masse egentlig.	I would assume that I can answer this related to my attitude towards staying at work or liking my work. So... I think you could discover a lot actually.
Male, 40 years, back at work	Akkurat det her vet jeg ikke om man kan bruke til noe, for jeg har glemt hva jeg har svart allerede.	Well this I do not know if one could use for anything because I have forgotten what I answered already.

### Answerability

Respondent information	Original quote	Own translation
Female, 54 years, not back at work	Ja, det var jo ikke noe problem. For jeg er jo ikke i arbeid.	Well that was no problem. Because I am not working.
Female, 36 years, back at work	... det står delvis tilbake i arbeid. Så da tenkte jeg at jeg er jo bare delvis tilbake så derfor tok jeg B	... it is written partly back at work. So then I thought that I am only partly back. So then I chose B.
Male, 41 years, not back at work	... jeg føler meg litt sånn midt i mellom da. Jeg endte opp med å svare på den som ikke var i arbeid fordi jeg føler meg der at jeg ikke er i det arbeidet som jeg egentlig vil da.	... I feel caught in the middle. I ended up answering the part for those Currently not back at work because I feel that I am not in the work I would like to be in.

Male, 40 years, back at work	Ja det er enkelt å svare. For det er på meg selv. Det er ikke på alle andre. Alle andre får gjøre som de vil. Jeg har mitt eget liv. Og det er det jeg kan gjøre noe med.	Yes it is easy to answer. Because it is on me. It is not on everyone else. Let everyone else do as they please. I got my own life. And that is something which I can affect.
Female, 56 years, back at work	Helt enig, uenig, sånn de treffer vel alle på et eller annet sted på de skalaene der tenker jeg. Ja så det synes jeg var greit. Veldig greit å bare kunne krysse av.	Strongly agree, disagree well they fit everyone in some way on that scale I would think. So I thought it was OK. Very easy to just cross out.
Female, 44 years, back at work	Så for det første så veit vi ikke om jeg har MS. Så det vil jo bety en stor del hvis det er det jeg har. Eller om jeg har fibromyalgi eller om jeg har... Altså jeg er jo ikke utredet i det hele tatt.	So firstly I do not know if I got MS. So that would matter a lot if that is what I got. Or if I have fibromyalgia or if I... Well I am not examined at all.
Male, 48 years, not back at work	Jeg tror ikke jeg noensinne vil bli i stand til å komme tilbake i arbeid... Vanskelig å svare helt. Det er noe jeg håper på, men jeg vet ikke i forhold til den skaden jeg har.	I do not think I will ever be able to og back to work... Difficult to answer really. That is something I am hoping to do, but I do not know because of my injury.
Female, 29 years, not back at work	Det er jo liksom en sånn grunnpakke jeg må kunne fungere i for å kunne være i jobb. Og hvis jeg ikke er der så kan jeg egentlig ikke være i den jobben.	It is like a minimum set I need to function within in order for me to stay at work. If I am not able I cannot stay in that job actually.
Male, 40 years, back at work	Ja det var veldig greit å forstå. Men det er bare det om det her gjelder akkurat per i dag eller om det er sånn for ti år tilbake eller om det er framtida?	Yes it was easy to understand. But it is just if this is about the present or ten years back or the future?
Female, 28 years, not back at work	jeg vet jo at jeg forventer ikke å komme tilbake til arbeid med en gang, men kanskje om et halvt år, et år, kanskje til og med to år liksom. Det kommer litt an på	I know I do not expect to return to work right away, but maybe in half a year, a year or maybe even two years. It depends.
Female, 28 years, not back at work	Det er jo på en måte det å lytte til kroppen på hva den er klar for. Noen ganger så er man kanskje litt klarere i hodet enn det man er i kroppen. For er det liksom... Jeg har jo så lyst, men jeg vet ikke helt hvordan.	It is like listening to your body telling you what it is ready for. Sometimes you might be more ready in your head than the body. It is like... I do want to, I just do not know how.
Male, 48 years, not back at work	Det er ikke lett det her altså. Selv om du aldri så mye vil. Det er ikke der det ligger. Jeg har jaggu jobba.	This is not easy. No matter how much you want to. That is not the problem. God how I have been working.
Female, 28 years, not back at work	Jeg tror ikke jeg noensinne vil bli i stand til å komme tilbake i arbeid... Altså, det er jo legen min som eventuelt må være med på den bestemmelsen der. Jeg kan jo ikke selv si det.	I don't think I will ever be able to og back to work... Well in that case it would be my doctor who should decide that with me. I cannot answer that myself.

Male, 35 years, not back at work	... der sleit jeg litt med å svare ordentlig på den. Spesielt på de hvor jeg gjerne ville forklart litt og ikke bare satt et kryss i midten.	...I struggled a little to answer properly on this. I would like to explain a bit, not just put a mark in the middle.
Female, 44 years, not back at work	Da kan du skrive en kommentar under den, ikke sant. At du da kan forklare deg. Det også er jo en veldig fin mulighet. Og det er det jo ikke noe av nå.	You could write a comment underneath this, could you not? So you can explain yourself. That's a very good opportunity, and there is nothing like that here.
Female, 44 years, back at work	Akkurat jobbmessig så vil jeg i jobb. Uansett om jeg så skal sitte i en kasse eller et eller annet. For jeg klarer ikke å gå hjemme, jeg blir gal. Jeg gjør det.	Regarding work, I want to work. Regardless if I have work in the cashier or anything. Because I cannot stay at home. I will go nuts. I will.