ADHD in Translation: The English to Chinese Translation Distinctions

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Introduction

The cultural validity of mental disorders holds significant debate across practitioners as they face the globalized standardization of recognized psychological disorders. Past researchers have notably argued the cross-cultural legitimacy of Attention Deficit Hyperactivity Disorder (i.e., ADHD, 注意力缺陷多动障碍) in China, highlighting how cultural beliefs (e.g., Confucianism) attributed behaviors symptomatic of ADHD as indicators of poor parenting rather than any inherent medical disorder (Pickering & Nie, 2016; Leung, 2010). Although current research dismantles these claims, including China's alignment with global ADHD prevalence (e.g., Wang et al., 2017) and the cross-cultural consistency of ADHD symptoms (e.g., Bauermeister et al., 2010), critically engaging with topics like culturally-sensitivity in diagnostic practice is quintessential for facilitating truly accurate diagnoses. For example, preliminary research found that compared to American teachers and college students, Chinese teachers and college students were less likely to recognize inattention symptoms of ADHD and more likely to perceive ADHD symptoms as indications of failure of discipline, parenting, or the child's effort (Norvilitis & Fang, 2005). These findings are significant, as teacher and parent perceptions of ADHD symptoms play important roles in the diagnosis and treatment outcomes of children and adolescents with ADHD (Danielson et al., 2018; Liang & Gao, 2016). Furthermore, standardized guideline manuals (e.g., ICD-10) are often directly translated with exact thresholds and guidelines as the primary English form, which could create certain diagnostic barriers due to cultural inter-rater differences (Zheng & Zheng, 2015). Therefore, although ADHD expression is globally consistent, variations from individuals within Chinese culture highlight the necessity to explore culturally sensitive diagnostic guidelines and practices for ADHD in China.

Previous studies have explored the validity of diagnostic guidelines in Chinese culture and language across various disorders (e.g., Post Traumatic Stress Disorder, Personality disorders), finding overall cross-cultural consistency in scales (e.g., Ho et al., 2019), language usage (e.g., Wu et al., 2022), and even clinical classifications (e.g., Zhang et al., 2024). Additionally, some studies have explored ADHD assessment validity between Chinese and English

versions (e.g., Chan et al., 2022). However, studies addressing language or terminology consistency between English and Chinese diagnostic guidelines are currently nonexistent. The present study aims to bridge this gap through the exploration of translation differences between English and Chinese versions of popular diagnostic manuals (i.e., ICD-11, DSM-5).

ADHD

ADHD is generally defined as developmentally inappropriate behaviors of inattention (e.g., having difficulty sustaining focus), hyperactivity (e.g., extreme restlessness), and impulsivity (e.g., interrupting others excessively) that impair functionality across multiple settings (e.g., at home, school, work) (American Psychiatric Association, 2022; Gomez et al., 2023; World Health Organization, 2018). These symptoms can vary dimensionally (e.g., severity of symptoms) and depending on the dominance of certain symptoms, can be attributed to primarily inattentive, primarily hyperactive-impulsive, or combined (i.e., balanced distribution of inattentive and hyperactive-impulsive symptoms) presentation (American Psychiatric Association, 2022; World Health Organization, 2018). These behaviors often present in early to mid-childhood (i.e., 3-11 years old), although research suggests these symptoms generally continue into adolescence and adulthood (e.g., Adler et al., 2017). Research also suggests cause primarily in genetic factors, with environmental factors potentially modifying the presentation or severity of symptoms (Faraone et al., 2021). In terms of outcomes, ADHD has been associated with various negative factors, including deficits in social function (e.g., Harpin et al., 2016), lower academic performance (e.g., Arnold et al., 2020), and negative occupational outcomes (e.g., Klein et al., 2012). Current research estimates that approximately 5% of children and adolescents have diagnosable ADHD, although the global validity of this claim is ambiguous due to inconsistent diagnostic methods between studies (Polanczyk et al., 2014; Willcutt, 2012).

History and Symptom Evolution

Early Periods. Before discussing the current context of ADHD, it is important to acknowledge its historical precedent. Current historical evidence suggests Melchior Adam Weikard, a German physician, to have anonymously published the first written record of attention-related disorders in the 1770s publication, Der Philosophische Arzt, which included descriptions of inattentiveness, overactivity, and distractibility that align with modern descriptions (Barkley & Helmut, 2012). In 1902, George Still proposed the first medical journal describing an ADHD-resembling case (Still, 1902; Faraone et al., 2021). This description provided detailed observations of symptoms, including minimal inhibition, immediate gratification tendencies, and passion (i.e., intense emotional state) (Barkley, 2015).

Notably, Still associated the cause of these behaviors with the intense, conscious lack of moral control of behavior (i.e., ability to conform to altruistic intention) in these children (Barkley, 2015; Still, 1902).

Pre-Modern Development. This syndrome eventually came to be known as Brain Damage Syndrome (BDS), particularly due to the similarities in Still's descriptions of behavioral patterns with the behavior of children with frontal lobe lesions (Barkley, 2015; Levin, 1938). From this, ADHD-related symptoms became deeply associated with the concept of biological deficit, dubbing such children as "brain injured" (Barkley, 2015; Strauss & Lehtinen, 1947). However, by the 1950s, due to the absence of clearly evident brain damage, the terminology transitioned to "minimal brain dysfunction" (i.e., MBD). Researchers also began to explore the treatment of "hyperactive" children through stimulant medication, leading to the development of Hyperkinetic Impulse Syndrome, which attributed these ADHD behavioral symptoms to the neurologically-based deficits in the thalamic area creating excessive disordered filtering of stimulation (Barkley, 2015; Laufer & Denhoff, 1957). In the 1960s, it shifted to the brain dysfunctionality of Hyperactivity Syndrome, which was notably included in the Diagnostic and Statistical Manual of Mental Disorders: Second Edition (American Psychiatric Association, 1968) as a "disorder… characterized by overactivity, restlessness, distractibility, and short attention span, especially in young children… [but] diminishes by adolescence" (American Psychiatric Association, 1968, pp. 50).

Virginia Douglas' model marked the historical turning point for the increasing significance of attention deficit components (Barkley, 2015; Sprague et al., 1970). In this model, symptoms of ADHD were defined by four major deficits (i.e., maintenance of attention and effort, impulsive responding, arousal/hyperactive levels, immediate gratification), although it lacked any insight on the underlying deficiencies or causes of such issues (Douglas & Peters, 1979). Douglas' contribution was so significant that some psychologists attributed this theory to the naming and diagnostic structure of attention deficit disorder (ADD) in the DSM-III (Barkley, 2015).

Recent History. The 1980s signified the introduction of ADHD and its direct predecessor, Attention Deficit Disorder (i.e., ADD). Similar to Douglas' model, these diagnostic criteria included not only hyperactivity but also inattention and impulsivity. The DSM-III ADD criteria also included concrete "minimum" scores for symptoms, the childhood-specific duration guidelines (e.g., by a certain age an individual grows out of ADD), and exclusion criteria for certain other conditions, which contrasted from its international counterpart, the 9th edition of the International Classification of Disease (i.e.,

ICD-9), (American Psychiatric Association, 1980; World Health Organization, 1978). ADD was revised to ADHD by the DSM-III-R, which transformed symptoms into construct-specific lists (i.e., hyperactivity, inattention, impulsivity), as well as added the additional requirements of developmentally inappropriate behavior, experimentally corroborative item development and the allowance of ADHD and mood disorder comorbidity (Barkley, 2015; Spitzer et al., 1990).

In the 1990s, technological advancements combined with rising scrutiny of the influencing factors of ADHD led to significant research on the disorder's biological basis. During this time, the presentation of ADHD throughout the lifespan became more widely accepted, sparking further development of long-term ADHD treatment and early interventions. Such discoveries from the late 1980s to early 1990s informed the evidence-based revisions of ADHD in the DSM-IV, which presented an inattentive-specific type of ADHD, the requirement of multi-setting symptom presentation, and functionality impairment (American Psychiatric Association, 1994). By the 2000s, ADHD was mainly attributed to neurological and genetic contributions, becoming distinguishably associated with disorder-exclusive deficits in behavioral inhibition (e.g., impulsivity) (Barkley, 2015; Nigg, 2001).

Current Developments. Since the 2000s, ADHD research and diagnostic practices have evolved significantly, both within the U.S.A. and internationally (see Faraone et al., 2021 for summary). In terms of diagnostic manuals, not only did the ICD-11 serve as the introduction to ADHD as formal diagnosis content, but the current DSM (i.e., DSM-5) has also undergone major revisions to reflect current research. These changes include the requirement for functional impairment, shifts from subtypes to presentation, the formalized requirement for multi-situational impairment, age-specific symptom qualifications (e.g., adult ADHD), age of onset, and elimination of exclusionary guidelines of ADHD comorbid with Autism Spectrum Disorder (American Psychiatric Association, 2013; Barkley, 2015). Despite these advancements in the professional field, ADHD's historical context and its associated misattributions likely still hold some influence in current popular perceptions.

History in China. As the development of ADHD in its formal diagnostic format originated from locationally Western contributions, ADHD lacks direct historical record within traditional Chinese medical practice. Some researchers suggest ADHD-related symptoms might align with ZangZao (i.e., 脏躁, organ restlessness) or ZaoDong (i.e., 躁动, restlessness) according to Traditional Chinese Medicine (Wang et al., 2012). While ZangZao has been attributed to hysteria-like symptoms, such as depression, moodiness, inability to control themselves, and frequent yawning, ZaoDong is often associated with mania-

like and hyperactivity symptoms, including increased activity, fast-moving thoughts, and elevated emotions. Although these characterizations are not equivalent, the likeness of some symptoms indicates the historical precedence of disordered presentation in inattention and hyperactivity symptoms associated with ADHD.

ADHD Across Cultures

ADHD in Western Society

Originating from the United States of America in the 1960s, ADHD has since become an internationally recognized disorder, particularly in Western European cultures (Conrad & Bergey, 2014). By the 1990s, Western countries (e.g., United Kingdom, Canada) became increasingly popular locations for ADHD prevalence rate studies and other ADHD-related investigations (e.g., treatment studies, assessment studies), although the U.S.A. continues to remain as prominent background for most ADHD research (Barkley, 2015; Skounti et al., 2007).

Rise in Western Society. Before the 1990s, limited research on ADHD existed beyond the U.S.A., often interpreted as an American-specific or "culture-bound syndrome" (Conrad & Bergey, 2014). This divergence between European and North American perspectives possibly started during the 1960s with the U.S.A.'s transition to Hyperactivity Syndrome, which was not reflected by the United Kingdom (UK) and the broader European world, which maintained the brain-damage perspective of MBD (Barkley, 2015). Thus, North American professionals tended to recognize ADHD as a more common, attention-based deficit disorder in comparison to Europe's belief in the uncommon, hyperactive presentation of brain damage. Although the UK did explore ADHD by the 1980s, the most major increases in ADHD medication and treatment occurred during the 1990s and 2000s (Conrad & Bergey, 2014; Lusardi, 2019). Similarly, ADHD has become more homogeneously perceived within Western societies beyond North America, a phenomenon Smith (2017) labeled the "transatlantic translations". Researchers generally associate this ADHD globalization with 4 main factors: the inclusion of ADHD in the DSM-IV, expansion of the pharmaceutical industry, increased access to the internet, and ADHD advocacy groups (see Conrad & Bergey, 2014; Lusardi, 2019 for summary of ADHD globalization in Western Society).

Clinical Practice in Western Society. Within Western societies, the DSM and ICD remain significant sources for diagnostic practices, particularly with ADHD. Although the standard diagnostic procedure in Western countries can vary by version or additional assessment processes, these manuals remain the staple of ADHD diagnosis guidelines. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition V: Text Revision (DSM-5TR), ADHD is defined by the developmentally inappropriate presence of six or more inattention

symptoms (e.g., difficulty sustaining attention in tasks, often loses things necessary for tasks) and/or six or more hyperactivity and impulsivity symptoms (e.g., often talks excessively, often has difficulty waiting their turn) that negatively impacts functioning persistently for six or more months (American Psychiatric Association, 2022). In contrast, while the ICD-11 remains definitionally similar to the DSM-5, notable differences include the exemption of symptoms (i.e., the combination and exclusion of certain aspects of DSM-5 criteria), division of the hyperactivity and impulsivity dimensions, and diagnostic thresholds (Gomez et al., 2023). These differences allow the ICD to have more diverse presentations and apply certain guideline ambiguities that allow for the manual to be more applicable across practitioner implementation. Interestingly, current research does suggest the broader adoption of DSM and U.S.A.-based diagnostic practices (Lusardi, 2019).

Although previous research illustrates similar ADHD prevalence across Western societies, diagnostic practices and treatment do vary (Polanczyk et al., 2014; Smith, 2017; Faraone et al., 2021). Notably, some countries might illustrate a more or less favorable outlook on first-of-line ADHD treatment (Schwarz, 2017; Smith, 2017; Timimi & Leo, 2009). North America, particularly the U.S.A., leans towards the favorable perception regarding the medicated treatment of ADHD, leading to some critics highlighting possibly hasty "medicalization" of deviant (i.e., socially undesirable) behaviors in children (Lusardi, 2019; Timimi & Leo, 2009). Within the same continental influence sphere, Canada adopted similar practices, although with a more holistic, less medication-reception perspective than the U.S.A. (Smith, 2017). Other countries, including Australia and Iceland, also appear to favor the medication-based treatment of the U.S.A. to some extent (Jahnukainen, 2010; Schwarz, 2017). In contrast, countries like Britain and Brazil tend to display more reluctance towards medication, although they still acknowledge the legitimacy of ADHD diagnosis and treatment. Thus, despite some variation between countries, ADHD is generally understood in these societies as a genuine condition or impairment, whether it be interpreted socially (e.g., social model of disability) or medically.

ADHD in China

Based on previous research, China's overall prevalence of ADHD (i.e., 注意力缺陷多动障碍) in children and adolescents is estimated to be approximately 6%, although this is subject to methodological and geographical variances (Wang et al., 2017). ADHD studies within China are also notably limited compared to other prominent countries (e.g., Canada, U.S.A.), and ADHD clinical practices (e.g., diagnosis) are significantly underperformed (Li et al., 2025).

Rise(?) in China. ADHD was first formally introduced to the Chinese medical world in 1981, highlighted by the introduction of "多动综合征" (i.e., DuoDong ZongHe Zheng, hyperactive syndrome) in the Chinese Medical Association's Classification of Mental Disorders (i.e., 中华医学会精神病分类) (Li & Wei, 2025). Some researchers suggest it was likely brought by the early batch of Chinese doctors trained abroad (Li & Wei, 2025). By 1995, the Chinese Psychiatric Society published the second edition of the "Chinese Classification of Mental Disorders" (i.e., 中国精神疾病分类与诊断标准; ZhongGuo JingShen JiBing FenLei Yu ZhengDuan BiaoZhun; CCMD) with the included term "儿童多动症" (i.e., ErTong DuoDong Zheng, childhood hyperactivity disorder), although it mainly emphasized hyperactive symptoms. Subsequent advances occurred soon after, with "Guidelines for Preventing and Treating ADHD in Children" (儿童注意缺陷防治指南, 2007) addressing and validating ADHD clinical practice in children, "China's Guidelines for ADHD Prevention and Treatment" (中国注意缺陷多动障碍防治指南, 2015) expanding this practice towards adult populations, and most recently, "Pediatric Expert Consensus on Early Identification, Diagnosis Criteria, and Treatment of ADHD" (注意缺陷多动障碍早期识别、规范诊 断和治疗的儿科专家共识, 2020), which established favor towards the DSM-5 guidelines (Li & Wei, 2025). Despite these continued advancements, ADHD diagnosis and treatment remain heavily stigmatized and inaccessible to the majority of the public (Hinshaw et al., 2011; Li & Wei, 2025; Liu et al., 2018). Researchers have attributed this current circumstance to various factors, including to China's child-focused society, Confucian beliefs in character teaching (e.g., proper conduct), and disciplinary practices (Gueorguieva, 2015; Pickering & Nie, 2016; Smith, 2017).

Clinical Practices in China. Assumptively, due to the "Pediatric Expert Consensus on Early Identification, Diagnosis Criteria, and Treatment of ADHD" (2020), Chinese practitioners should generally utilize DSM-5 criteria for ADHD diagnosis, although research suggests that Chinese practitioners might use either DSM-5 or ICD-11 standards (Li & Wei, 2025). While diagnostic manuals are generally Chinese translations of the original English content, China does also have an original manual, labeled the CCMD. This manual was created by Chinese researchers to provide culturally sensitive diagnostic guidelines exclusive for the Chinese population. However, the CCMD does appear to be a common material in modern practice, as the last version (i.e., CCMD-3) was based on the DSM-IV, rather than the DSM-5 (2013) or the most recent

version, the DSM-5-TR (2022). Assessment practices generally appear to reflect Western practice, including comprehensive evaluation from multiple sources (e.g., parent, teacher), intelligence tests, and electroencephalograms (i.e., EEG) (Li & Wei, 2025).

Medication, particularly psychostimulants (e.g., methylphenidate), is the first-of-line treatment in China (Li & Wei, 2025). This preference is not uncharacteristic, as historically, medicalization is neither Western nor foreign to Chinese culture, especially in consideration of Traditional Chinese Medicine (i.e., TCM) (Pickering & Nie, 2016). However, due to China's drug regulations and psychostimulant's status as "class 1" (i.e., extremely restricted, newly introduced drugs), stimulant treatment remains relatively scarce in China (Lan et al., 2017). This lower accessibility, in combination with parent stigma and historical tradition, accounts for China's major utilization of alternative treatments, most notably in TCM and therapy interventions (e.g., behavioral modification, psychotherapy) (Jia et al., 2023). Some research has examined the efficaciousness of these treatments (e.g., Ni et al., 2014), however, due to a lack of personnel and minimal unified policy, ADHD remains under-researched and undertreated in China (Li et al., 2025; Li & Wei, 2025). Overall, although officially established national guidelines exist, China's ADHD research and clinical practice are comparably limited, although improving (Li et al., 2025).

Cross-Cultural Adaptation of ADHD: English to Chinese

The cultural sensitivity of diagnostic standards has been a longstanding criticism for the validity of various disorders, particularly ADHD (e.g., Timimi & Leo, 2009). Notably, China's cultural interpretation of ADHD-related behaviors (e.g., attributing symptomatic "misbehavior" to a lack of discipline) is commonly utilized to justify the "culturally bound" (i.e., a disorder is based on the culture's interpretation of disordered behavior) nature of ADHD (e.g., Pickering & Nie, 2016; Timimi & Leo, 2009). Despite this, the general state of ADHD research, particularly cross-cultural research, in mainland China remains relatively limited, although expanding (Li & Wei, 2025). Although minimal to no studies exist regarding translation-specific analysis, the broader topic of ADHD diagnostic validity has been occasionally broached.

Diagnostic Research

Of the limited studies investigating the cross-cultural validity of ADHD diagnostic measures, the majority compare "ratings" or evaluations of ADHD and related constructs between participants of Chinese and Western society origins. These comparative studies generally explore variations of interpretation between cultures rather than the universalized generalizability of diagnosis. Across multiple

studies, perceptions of ADHD in teachers, students, and parents appear to demonstrate some variation between Chinese and Western populations (e.g., Lai et al., 2002; Norvilitis & Fang, 2005). In terms of self-evaluation, although ADHD is viewed diagnostically similarly, Chinese participants were slightly more attentive to hyperactivity and more likely to view ADHD as a poor reflection of family and self-discipline in comparison to the American sample (Norvilitis & Fang, 2005). Preliminary study results also suggest that Chinese participants were more likely to rate childhood ADHD symptoms lower while rating current ADHD symptoms, particularly hyperactivity, higher than the American groups, although later research may indicate these differences are minimized over time (e.g., Norvilitis et al., 2010) (Norvilitis & Fang, 2005; Norvilitis et al., 2008). However, these findings are severely limited, with limited author publication (i.e., all studies were published under the same author), only college-student participants, publishing only in American institutions, and lack of timeliness to current research (i.e., 10 years before the present year).

Teacher perspectives on ADHD reflect self-evaluations, and are similarly more likely to blame ADHD symptoms on the students, parents, or teachers than their American counterparts, despite the overall tendency to believe that ADHD has a biological basis (Norvilitis et al., 2008). Diagnostically, Chinese teachers were also more likely to report hyperactive, and impulsive symptoms of ADHD than British (e.g., Alban-Metcalfe et al., 2002; Du et al., 2003; Lai et al., 2002) and American (e.g., Norvilitis & Fang, 2005) teachers. Similarly, Li and colleagues (2002) suggest that Chinese doctors may be more likely to report ADHD symptoms than British doctors. Despite a slightly more robust research basis than individual evaluations, the overall number of investigations is small and lacks timeliness to current research.

Currently, minimal to no research exists for comparative analyses of mainland China's parents. Some studies suggest Hong Kong parents are more likely to rate their children as significantly more symptomatic than British parents, despite possible behavioral inconsistencies between cultures (Chan et al., 2022). Whilst notable, Hong Kong has demonstrated some deviation from mainland China in terms of ADHD diagnostic practices (e.g., Alban-Metcalfe et al., 2002), although it likely backs any basis for assumptions on the perception and diagnostic thresholds of mainland Chinese parents.

Attributions of Cultural Differences

Linguistics. ADHD terminology in China faces various translational differences that ultimately shift the cultural perception of the disorder. Most significantly, Chinese researchers emphasize the problematic discrepancies stemming from the common use of 多动症 (i.e.,

DuoDong Zheng, Hyperactivity Disorder) as an abbreviation of 注意力缺陷多动障碍 (Zhang et al., 2007). As previously stated, unlike ADHD, which acronyms the beginning letter of all words (e.g., attention-deficit, hyperactivity disorder), 多动症 only tackles hyperactivity, exemplifying overemphasis on hyperactive symptoms (Zhang et al., 2007). Although this narrative is commonly utilized to demonstrate the real-world terminological variance between translations, the manifestation of term inequivalence stems from a combination of multiple factors. Notably, China's historical precedence with diagnosable attention disorders likely influences the modern perception of attention deficit (Pickering & Nie, 2016; Smith, 2017). ADHD was also formed and "validated" in Western society's standard of science, meaning terminology of function and meaning are more likely to be accurate or equivalent in English versions compared to translations across language families.

Confucianism. From both experimental and theoretical research, researchers have proposed various "cultural phenomena" to account for the ADHD-related discrepancies between Chinese and Western cultures. Although comprehensive evaluation of this topic varies between studies, many researchers attribute China's cultural differences to Confucian or Confucian-adjacent values (Pickering & Nie, 2016). Despite varying nuance of "Confucian influences" commentary, studies commonly reference Confucianism as an extension of social harmony and pluralism, with ADHD-specific differences generally attributed to principles of propriety (i.e., 礼, conduct or courtesy) and filial piety (i.e., 孝, serving parents and family) (e.g., Gueorguieva, 2015; Norvilitis & Fang, 2005). Propriety-related accounts for ADHD-related variation in China frequently highlight conformity to socially acceptable behaviors, particularly how ADHD symptoms contradict China's culturally Confucian expectations of socially harmonious behavior (Gueorguieva, 2015). Researchers have utilized this culturally specific principle to account for both the presentation of ADHD in Chinese samples (e.g., stricter social expectations necessitate higher social control and thus less presentation of certain "misbehavior" symptoms; Norvilitis et al., 2008) and perception of ADHD behavior (e.g., higher expectations of social conformity facilitate higher sensitivity to perceived "misconduct"; Gueorguieva, 2015). Some researchers propose China's "strict" socially-confirmative expectations continue to be reduced by recent individualism from Westernization (e.g., Gueorguieva, 2015); however, support remains mixed as others argue that there is historical precedence of these constructs in China beyond Western society (e.g., Pickering & Nie, 2016).

Researchers also often attribute themes of filial piety (i.e., the broad responsibility to support and respect parents and ancestors) to ADHD-related discrepancies in China. Notably, filial piety not only refers to the direct support of family but also the indirect service as being an honorable representation of generational lineage. This social standing within the family, as well as the public, is commonly referred to as face (i.e., 面子) and continues to be a significant construct in modern Chinese society (Hwang & Han, 2012). In regards to ADHD's cultural differences in China, researchers proposed practices of filial piety to account for differences in behavior identification (e.g., perceived importance of familial discipline in child's behavior influences emphasis on identifying certain "deviant" characteristics; Gueorguieva, 2015) and treatment-seeking behaviors (e.g., cultural stigma of ADHD's "misbehavior" as a reflection of family failure heightens reluctance to report ADHD-related impairments; Norvilitis & Fang, 2005).

Education. Considering the limited number of ADHD-related practitioners in China, the educational integration of ADHD services is unsurprisingly minimal to none, contrasting with the commonplace integration of ADHD accommodation and support in Western societies (Gueorguieva, 2015). China's education system, although becoming increasingly aligned with international methods of education (e.g., universal education within the classroom with peers), usually aligns with Chinese systems of learning (e.g., passing down wisdom to individuals from parents or guardians) (Gueorguieva, 2015). Additionally, stigma against ADHD students remains particularly high, with some parents reluctant to publicly administer medication to students for fear of embarrassment or societal shaming (Gueorguieva, 2015). In combination with minimal individual contact between educators and students, students with ADHD suffer from higher barriers of inaccessibility regarding help-seeking and treatment-seeking behavior.

Current Study

With the increasing reliance on specific diagnostic manuals (e.g., DSM, ICD) as the guideline for global standards, researchers have significantly scrutinized the cultural sensitivity of diagnostic information, especially as the evidence basis of these descriptions mainly stems from Western society populations and countries (Fontaine et al., 2008). These nuances become increasingly relevant when specific cultural beliefs (e.g., bias towards considering certain behaviors as "more problematic") impact the interpretation of Western-based disorder guidelines. In terms of specific research inquiry that addresses these concerns, studies or research will often utilize a cross-cultural approach for criticism. However, more recently, cross-cultural inquiry through translation

analysis has produced applied explorations of cross-cultural variation (e.g., Acharya et al., 2017).

Translation Analysis

As diagnostic practices shift towards the idealized "universal" standardization, diagnostic manuals (e.g., ICD) face increasingly rapid facilitation across various countries and languages. Although these translations are generally well regarded and internationally tested, the extensive nature of the source material leaves equally extensive opportunity for error. Furthermore, research suggests ADHD terminology may not have equivalent meaning between certain languages, such as the short form of 注意力缺陷多动障碍 being 多动症 (i.e., DuoDong Zheng, Hyperactivity Disorder), which emphasizes particularly the hyperactivity aspect of ADHD (Li & Wei, 2025). To ethically and comprehensively achieve these "universalized" standards, researchers must also analyze and evaluate the derived translations, which serve as a major tool for facilitating globalized reception. Translation studies, which explore the methodology and practice of translation, are commonly utilized to explore these linguistic and semantic differences between translations and original content (e.g., translation analysis of English and Chinese descriptions of traditional Chinese medicine; Ding & Zheng, 2024).

Cross-Cultural Analysis

Diagnostic and guideline-based content, especially as enforced globalized standards, necessitates the adaptation of content with consideration of culturally diverse circumstances. These standards are often established and developed within Western society and understood to be "universal", before then being tested globally. This process allows for significant cultural bias legitimizing the Western presentation of a disorder, which multiple researchers have highlighted (e.g., Patel & Hall, 2021). Cross-cultural research, which involves the exploration and comparison of a construct across 2 or more cultures, has been utilized across multiple fields to analyze these cultural differences (Van De Vijver & Leung, 2021). Traditional approaches to cross-cultural methodology tend to focus on 2 major concepts of analysis: equivalence and bias (e.g., Fontaine et al., 2008). While not necessarily included in all studies claiming "cross-cultural" research, many culturally sensitive critiques and analyses will include these concepts to some extent.

Project Aims

Through the analysis of diagnostic manuals, the current study broadly aims to explore the linguistic and cultural comparisons between English and Chinese versions of the ADHD diagnostic section. The study's first aim explores the linguistic differences between Chinese versions of the DSM-5 and ICD-11 ADHD

diagnostic guidelines and their respective source texts (i.e., English). The second aim explored the cross-cultural consistency of the ADHD construct between Chinese and English (e.g., western context) versions of the ICD-11 and DSM-5. Due to the novelty of these inquiries, all analyses were exploratory in nature and had no specific hypotheses.

Methods

Design

The current study utilized data from 2 diagnostic manuals (i.e., DSM-5, ICD-11), which were in digital (e.g., PDF) or digitized (i.e., scanned into a digital format) format. The research design of the study's first aim was a comparative study utilizing an abbreviated version of Loh's Shift model (e.g., omission, addition, modification, restructure) on self-translated back-translations of diagnostic manuals (i.e., DSM-5, ICD-11). For the second aim, the study's research design was a comparative study utilizing qualitative cross-cultural analysis of self-translated back-translations of diagnostic manuals (i.e., DSM-5, ICD-11). The purpose of the current study was to compare the Chinese and English versions of ADHD diagnostic guidelines in terms of linguistic and cultural differences.

Participants

The participating translator was a non-native Chinese-speaking undergraduate who completed the Chinese Studies Undergraduate curriculum at the University of Colorado Boulder (i.e., CU Boulder). The translator was non-professional, with a Colorado State Seal of Biliteracy in Chinese. Considering the lack of translation experience, the participant was able to access online language resources, including machine translation engines (i.e., MTEs) and online English-Chinese dictionary databases (e.g., PLECO) to assist in accurate translation.

Materials

The primary data of the current study were the ADHD sections of two diagnostic manuals, the DSM-5 and the ICD-11. These manuals are produced by the American Psychiatric Association and the World Health Organization respectively, and are generally considered as the "standard" resource for ADHD diagnosis guidelines. Although the harmonization of these materials is mentioned across both manuals, various distinctions are clear (see Gomez et al., 2023 for summary). In these diagnostic manuals, the writing and development of each categorical section (e.g., Neurodevelopmental disorders) is delegated to a "Work Group" of experts in the field, which is subsequently field tested (i.e., trials in a clinical/practical setting to test reliability and utility) and extensively reviewed by various individuals (e.g., professionals, patients, advocacy groups) before publishing. A comprehensive background on the development, implementation, and differences of ADHD within these diagnostic manuals is covered earlier in the *ADHD* (pp. 2) and *History & Symptom Evolution*

(pp. 3-5) sections. These materials and their translated counterparts are briefly summarized below.

Diagnostic and Statistical Manual: 5th Edition

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, was published in 2013 by the American Psychiatric Association (i.e., APA) (American Psychiatric Association, 2013). The simplified Chinese translation of the DSM-5 (i.e., 精神疾病诊断与统计手册：第五版) was officially published by the PeKing University Press (i.e., 北京大学出版社) later in 2015. This translation was similarly delegated to a work group (i.e., 工作委员会) and reviewed by various professionals (e.g., medical directors, psychiatrists). Although international advisors were present during this process, the APA did not directly participate in the translation (PeKing University Press, 2015). The current study may refer to the English and Chinese versions as DSM-5E and DSM-5Z respectively.

International Classification of Diseases: 11th Revision

The International Classification of Diseases, Eleventh revision, was published in 2018 by the World Health Organization (i.e., WHO) (World Health Organization, 2018). The simplified Chinese translation of the ICD-11 (i.e., ICD-11精神、行为与神经发育障碍临床描述与诊断指南) was officially published by the People's Medical Publishing House (i.e., 人民卫生出版社) in 2023. This translation was conducted by a group of affiliate translators led by Zheng Wang (i.e., 王振) under the Shang Hai Mental Health Center (i.e., 上海市精神卫生中心). Unlike the DSM-5 translation, the Chinese version of the ICD-11 was assisted and supported by WHO and WHO Chinese Collaboration Centers (i.e., 在华合作中心) (People's Medical Publishing House, 2023). The current study may refer to the English and Chinese versions as ICD-11E and ICD-11Z respectively.

Framework of Analysis

Back Translation

Back-translation refers to the translation of a translated material into its original language (e.g., English translation of the Chinese version of IQ test A), which is subsequently compared with the non-translated original material (e.g., the original English version of IQ test A) for possible discrepancies and to facilitate material to material equivalence (Behr, 2017; Brislin, 1970). This particular framework also often utilizes the concept of decentering, which essentially allows textual modification to occur between both the original text and the translated text, in order to decenter the emphasis on the notion of a "correct" source (Brislin & Freimanis, 2001).

Translation Shifts

Chinese to English translation commonly utilizes an exclusive framework of translation derived from DianYang Loh's (陆殿扬) Translation: Its Principles and Techniques (英汉翻译理论与技巧; 1958), also called Loh's Shift Model (Zhang & Pan, 2009). This model is often considered a non-European language alternative to the popular preceding model, Vinay and Darbelnet's 1953 model of translation. Due to the extensive nature of Loh's content, the components are only briefly explained below. In terms of translation methods, similar to Vinay & Darbelnet, Loh includes literal translation (i.e., 直译, direct or word-for-word translation) and free translation (i.e., 意译, indirect or more abstract translations like adaptations) (Loh, 1958a; Zhang & Pan, 2009). In terms of word translations and expressions, Loh proposed principles for translations of nouns with foreign origin (i.e., transliteration, 音译), coinage of new characters (i.e., 造新词语), and changes to parts of speech during translation (e.g., relatives, interrogatives) (Loh, 1958a). Loh also proposes six patterns in comparative language study, mainly the major differences between Chinese and English (e.g., word formation, syntax) (Loh, 1958b). Loh also provides a comprehensive compilation of techniques or principles that occur within Chinese and English translation, including the exclusion of words (i.e., omission, 省略), the addition of words (i.e., amplification, 增译), additional repetition of words (i.e., repetition, 重复), the substitution of words with identical meaning (i.e., conversion, 词性转换), rearrangement of words or sentences (i.e., inversion, 词序调整), and conversion of negative or affirmative phrases or sentences (i.e., negation, 正说反说) (Loh, 1958b; Zhang & Pan, 2009).

The current study abbreviated this model into four categories: omission, addition, modification, and restructuring. Omission refers to the deletion or exclusion of details or information in the translated text (i.e., TT) that are present in the source text (i.e., ST). Addition refers to the inclusion or addition of details or information in the TT that are not present in the ST. Modification generally refers to the replacement or transposition of words or details from the ST to the TT. These three shifts are qualified (i.e., considered meaningful) when the meaning changes from the ST to the TT. Restructure refers to the rearrangement of a sentence or phrase structure from the ST to the TT, with similar information but stylistic or emphasis differences.

Cross-Cultural Analysis

In cross-cultural analysis, the analysis of similarity is reflected through forms of equivalence. Equivalence generally refers to the comparability of constructs between cultures, although alternative terminology (e.g., invariance) may also be utilized to describe the same concept (Van De Vijver & Leung, 2021). Under the general concept of equivalence, there are approximately 4 levels, each with increasing hierarchical value. Construct equivalence, the lowest level, refers to the same construct measurement between cultures (e.g., measuring happiness in Japan and Norway), although the operationalization (i.e., methodology) might vary. On a similar level is structural equivalence, which refers to similar relationship structures of constructs (e.g., psychometric models) between cultures. Additionally, structural equivalence generally justifies construct equivalence, as the same construct between cultures would likely exhibit similar structures (Fontaine et al., 2008; Van De Vijver & Leung, 2021). Metric equivalence, the next higher level, refers to the comparability and similarity of scores across cultural groups (e.g., the difference in IQ score between two subjects in Canada is metrically equivalent to the same difference in IQ score between two subjects in Brazil). The highest level is scalar or full score equivalence, in which a construct's measurements are identical intervals or scales across cultures (e.g., the weight in kilograms measured in India is equivalent to the weight in kilograms in Russia). Although high equivalence is not necessary for valid cultural comparison, equivalence levels do illustrate capabilities to make direct construct comparisons between cultures (Van De Vijver & Leung, 2021).

Just as similarities exist between cultures, cross-cultural research also includes frameworks of difference, also known as bias. Bias generally encompasses considerations of inequivalence or challenges impacting the validity of cross-cultural comparisons, with 3 specific types reoccurring in major literature (Van de Vijver & Tanzer, 2004). Construct bias refers to nonidentical construct measurement across cultural groups. Such errors might result in differing results that reflect culturally insensitive disparities that fail to reflect true capability or resulting score. Method bias refers to complications in the methods section, including the characteristics of an instrument and its implementation. These issues generally manifest in a false-positive effect of cultural group variation. The last major bias, item bias, refers to differing scores across similar contexts that significantly unexpectedly differ.

The current study only evaluated possible sources of bias based on Van de Vijver & Tanzer's (2004) identified common sources of bias in cross-cultural assessment. According to Van de Vijver & Tanzer (2004), sources of construct bias include incomplete cultural definition overlap, differential cultural approach to certain

constructs, and poor sampling or measurement. For method bias, sources include general incomparability of samples, tester or observer effects (e.g., observer-expectancy effect, differing modes of assessment (i.e., mode effect), differing expertise of administrators, differing familiarity with instrument, differing familiarity with response procedures (e.g., rating scales), differing response to measurement (e.g., socially desirable responses), differing cultural construct familiarity, different environment of instrument administration, and communication complications between proctor and participant. Sources of item bias include inadequate translation, nuisance factors (e.g., additional unintended meanings), and cultural differences (e.g., connotative differences in item meaning between cultures).

Data Analysis

Data Collection and Preparation

Each source material and its translated counterpart was obtained originally or converted into a digital format. For each converted source, the text was examined for textual errors and corrected. Across all materials, 4 instances of text errors were identified and corrected. Additionally, prior to any translation analyses, each TT was back-translated to assist in evaluating linguistic consistency between ST and TT.

Translation Analysis

To evaluate the linguistic similarities and differences between Chinese and English materials of ADHD diagnostic guidelines, the frequencies of the abbreviated Loh's Translation Shift categories (i.e., omission, addition, modification, restructure) were calculated and compared in the DSM-5 and the ICD-11 sections regarding ADHD.

Cross-Cultural Analysis

To evaluate the cross-cultural consistency between Chinese and English materials on ADHD diagnostic guidelines, the translation shifts were qualitatively analyzed. Meaningful shifts were coded based on Van de Vijver & Tanzer's (2004) identified sources of bias. The results of these findings were then structured into a descriptive report (see *Results*).

Results

Back Translation

Prior to translation analysis, back-translations (i.e., BTs) were performed on TT (i.e., Chinese versions) of the ADHD diagnostic guidelines for the DSM-5 Inattention section, DSM-5 Hyperactivity and Impulsivity section, ICD-11 Inattention section, and ICD-11 Hyperactivity and Impulsivity section. The comprehensive translation results are presented below in Tables 1a, 1b, 1c, and 1d respectively.

Table 1a.
Back Translation of the Chinese version of the DSM-5 Inattention Section

Symptom	Source Text	Translated Text
Inattention	Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities	注意障碍：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平不相符的程度，并直接负性地影响了社会和学业/职业活动 [Back Translation: Attention Disorder: 6 (or more) following symptoms continue at least 6 months, moreover/and attained and developmental standard are not corresponding degrees/levels, and directly, negatively influences/impacts societal and academic/occupational activities:]
Note	Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), at least five symptoms are required.	注：这些症状不仅仅是对立行为、违拗、敌意的表现，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要下列症状中的5项。 [Note: The symptoms are not only oppositional behavior, defiance, hostile expressions or cannot understand tasks or instruction. Older adolescents (17 years and older) and adults, at least required to have 5 symptoms.]
A	Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	经常不能密切关注细节或在作业、工作或其他活动中犯粗心大意的错误（例如，忽视或遗漏细节，工作不精确）； [Often cannot (i.e., must not) closely pay attention to details or in schoolwork, work, or other activities commits careless mistakes (example: overlooks or omits details, work is imprecise).]
B	Often has difficulty sustaining attention in tasks or play	在任务或游戏活动中经常难以维持

Symptom	Source Text	Translated Text
	activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	注意力（例如，在听课、对话或长时间的阅读中难以维持注意力） [In tasks or play activities often with difficulty sustaining attention (example: in lectures, conversations or long/lengthy readings difficulty with maintaining attention).]
C	Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	当别人对其直接讲话时，经常看起来没有在听（例如，即使在没有任何明显干扰的情况下，显得心不在焉） [When others directly speak, often appears to not have listened (example: even when absent of any obvious distraction in the situation, appears absentminded).]
D	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	经常不遵循指示以致无法完成作业、家务或工作中的职责（例如，可以开始任务但很快就失去注意力，容易分神） [Often does not follow instructions, consequently having inability to finish work, chores, or workplace duties (example: can start task but quickly just loses focus, easily distracted).]
E	Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	经常难以组织任务和活动（例如，难以管理有条理的任务；难以把材料和物品放得整整齐齐：凌乱、工作没头绪: 不良的时间管理；不能遵守截止日期） [Often has difficulty with organizing tasks and activities (example: difficulty with managing orderliness/arrangement in tasks; difficulty handling materials and

Symptom	Source Text	Translated Text
		belongings neatly; chaotic, work is not organized; poor time management; cannot meet deadline).]
F	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	经常回避、厌恶或不情愿从事那些需要精神上持续努力的任务（例如，学校作业或家庭作业；对于年龄较大的青少年和成人，则为准备报告、完成表格或阅读冗大的文章） [Often avoids, loathes (i.e., hates) or does not prefer to engage tasks requiring mental continuous effort (example: school work, homework, regarding older adolescents and adults, criteria is preparing report, finishing form/table, or reading lengthy articles/papers)]
G	Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	经常丢失任务或活动所需的物品（例如，学校的资料、铅笔、书、工具、钱包、钥匙、文件、眼镜、手机） [Often loses task/role or activity necessary goods/articles (example: school material, pencil, book, tools, wallet, keys, papers/files, glasses, mobile phone).]
H	Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).	经常容易被外界的刺激分神（对于年龄较大的青少年和成人，可能包括不相关的想法） [Often easily, with the outside world stimulus/arousal, is distracted (with older adolescents and adults, may includes non-interrelated idea/opinion).]
I	Is often forgetful in daily	经常在日常活动中忘记事情（例

Symptom	Source Text	Translated Text
	activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	如，做家务、外出办事；对于年龄较大的青少年和成人，则为回电话、付账单、約会） [(Often regarding daily activities, forgets something (e.g., doing housework, errands; regarding older adolescents and adults, criteria is returning phone calls, paying bills, appointments).]

Note. This table demonstrates the back translation of the Chinese version of the DSM-5 Inattention section.

Table 1b.
Back Translation of the Chinese version of the DSM-5 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities	多动和冲动：6项（或更多）的下列症状持续至少6个月，且 达到了与发育水平不相符的程度，并直接负性地影响了社会和学业/职业活动 [Hyperactivity and Impulsivity: 6 (or more) following symptoms continue at least 6 months, further attained and development level are at inconsistent degrees, and directly, negatively impacts societal and academic/occupational activities]
Note	Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), at least five symptoms are required.	注：这些症状不仅仅是对立行为、违拗、敌意的表现，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要符合下列症状中的5项。 [Note: The symptoms are not only oppositional behavior, defiance, hostile expressions or cannot understand tasks or instruction. Older adolescents (17 years and older) and adults, at least required

Symptom	Source Text	Translated Text
		to have 5 symptoms]
A	Often fidgets with or taps hands or feet or squirms in seat.	经常手脚动个不停或在座位上扭动 [Often hands and feet move not stopping or in seat writhing]
B	Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	当被 期待坐在座位上时却经常离座（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要保持原地的位置） [When expected to sit in seat nevertheless often leaves seat (example: leave/depart his/her classroom, office, their workspace or is the situation requires maintaining original seat]
C	Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless).	经常在不适当的场合跑来跑去或爬上爬下（注：对于青少年或成人，可以仅限于感到坐立不安） [Often when not appropriate/suitable situation, runs around or climbs around (Note: regarding older adolescents or adults, can only be limited to feeling fidgety when sitting)]
D	Often unable to play or take part in leisure activities quietly.	经常无法安静地玩耍或从事休闲活动 [Often unable to quietly play or engage in leisure activity]
E	Is often “on the go” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	经常“忙个不停”，好像“被发动机驱动着”（例如，在餐厅、会议中无法长时间保持不动或觉得不舒服；可能被他人感受为坐立不安或难以跟上） [Often “on the go”, like “machine

Symptom	Source Text	Translated Text
		motor driven" (example: in restaurants, during meetings with long durations maintaining motionlessness or appearing not comfortable; can, by others, sensed as restless or difficulty staying up with)]
F	Often talks excessively.	经常讲话过多 [Often talks excessively]
G	Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).	经常在提问还没有讲完之前就把答案脱口而出（例如，接别人的话，不能等待交谈的顺序） [Often, when questions are not completed before, answers are blurted out (example: join other people's speech, cannot wait conversation turn)]
H	Often has trouble waiting his/her turn (e.g., while waiting in line).	.经常难以等待轮到他/她（例如，当排队等待时） [Often trouble/difficulty with waiting until his/her turn (example: when line waiting)]
I	Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	经常打断或侵扰他人（例如，插入别人的对话、游戏或活动：没有询问或未经允许就开始使用他人的东西；对于青少年和成人，可能是侵扰或接管他人正在做的事情）。 [Often interrupt/break or intrudes others (example: inserts self in others conversation, game or activity; does not ask or without permission just start using others things; regarding older adolescents and adults, can intrude or take over others things while they are doing it)]

Note. This table demonstrates the back translation of the Chinese version of the DSM-5 Hyperactivity and Impulsivity section.

Table 1c.
Back Translation of the Chinese version of the ICD-11 Inattention Section

Symptom	Source Text	Translated Text
Introduction	Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.	注意障碍：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平不相符的程度，并直接负性地影响了社会和学业/职业活动 [**Back Translation:** Attention Disorder: 6 (or more) following symptoms continue at least 6 months, moreover/and attained and developmental standards are not corresponding degrees/levels, and directly, negatively influences/impacts societal and academic/occupational activities.]
A	Having difficulty sustaining attention on tasks that do not provide a high level of stimulation or reward or require sustained mental effort; lacking attention to detail; making careless mistakes in school or work assignments; not completing tasks.	对没有高水平刺激或奖励的任务、需要持续脑力劳动的任务难以保持专注：缺乏对细节的注意；在学校或工作任务中犯粗心的错误；无法完成任务。 [Regarding "not having high level of stimulus/incentive or reward" tasks, required continuously in mental work/labor tasks are difficult to maintain attention; lack of detail attention; regarding school or work tasks committing careless mistakes; unable to finish/complete tasks.]
B	Being easily distracted by extraneous stimuli or thoughts not related to the task at hand; often seeming not to listen when spoken to directly; frequently appearing to be daydreaming or to have their mind elsewhere.	容易被外界刺激或与正在做的事情无关的想法分心；当直接与其说话时，经常看起来没有在听；经常像是在做白日梦或心不在焉。 [Easily, with outside stimulus and/or in the process of doing things, unrelated ideas/thoughts

Symptom	Source Text	Translated Text
		distract; when directly with others speaking, often appears to not have listened; often appears to daydream or absentminded/inattentive.]
C	Losing things; being forgetful in daily activities; having difficulty remembering to complete upcoming daily tasks or activities; having difficulty planning, managing and organizing schoolwork, tasks and other activities.	掉东西；在日常活动中健忘；难以记住去完成需要完成的日常任务或活动；难以规划、管理和组织学校作业、任务和其他活动。[Losing things; in daily activities is forgetful, difficulty with remembering to finish necessary-to-finish daily tasks or activities; difficulty with planning, managing, and organizing schoolwork, tasks, and other activities.]
Note	Note: inattention may not be evident when the individual is engaged in activities that provide intense stimulation and frequent rewards.	注：当个体处于有高强度刺激和频繁奖励的活动中时，注意缺陷症状可能不明显。[Note: when the body has high intensity stimulation and frequent reward activities, inattention symptoms may not be expressed.]

Note. This table demonstrates the back translation of the Chinese version of the ICD-11 Inattention section.

Table 1d.
Back Translation of the Chinese version of the ICD-11 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为突出。表现形式包括：[**Back Translation:** Continuous presence of several hyperactive/impulsive symptoms,

Symptom	Source Text	Translated Text
	most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	and are severely enough/sufficient to– regarding studying, work, or societal function– produce/generate direct negative effect/influence. These symptoms, in situations requiring behaviors of self control, expression is most prominent. Expression forms in the following ways:]
A	Showing excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动过多；被要求 安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。 [Activity/movement excessiveness; when required to quietly sit in the moment, leaves seat; often runs around; without fiddling with something, has difficulties sitting quietly (children); when maintaining quietness or quietly sitting, behaving/displaying uneasy when standing or sitting(i.e., restless, fidgety), appears to be uncomfortable (adolescents and adults).]
B	Having difficulty engaging in activities quietly; talking too much.	难以安静地参加活动；说话过多。 [Difficulty quietly participating in activities; speaking/talking excessively]
C	Blurting out answers in school or comments at work; having difficulty waiting their turn in conversation, games or activities; interrupting or intruding on others' conversations or games.	在学校回答问题或在工作中发表意见时脱口而出；在谈话、游戏或排队时难以等待；打断或打扰别人的谈话或游戏。 [In school answering problems or at work delivering ideas/comments, blurts them out; when talking, doing play-activities, or standing in line,

Symptom	Source Text	Translated Text
		having difficulty waiting; breaks or disturbs others' talking and play-activities.]
D	Having a tendency to act in response to immediate stimuli without deliberation or consideration of risks and consequences (e.g. engaging in behaviours with potential for physical injury; impulsive decisions; reckless driving).	倾向于碰到刺激就即刻反应，不假思索或者不考虑危险和后果（如参与有潜在身体伤害的活动；冲动的决定；鲁莽的驾驶）。 [Tendency, regarding encountering/meeting stimuli and immediately reacting, to act without thinking or not considering danger/risks and consequences. (example: participating with having potential in bodily harm/injury during activity, impulsive decisions, reckless driving).]

Note. This table demonstrates the back translation of the Chinese version of the ICD-11 Hyperactivity and Impulsivity section.

Translational Analysis

DSM-5

A translation analysis based on an abbreviated translation shift model was performed to determine the translation variances between the English and Chinese versions of the DSM-5. An overview of the observed translation shifts is presented below in Table 2. Overall, a total of 91 translation shifts were found in the DSM-5 ADHD section.

Table 2.
Frequency of Loh's Abbreviated Shift Model Principles Between the English and Chinese Versions of the DSM-5

	Inattention	Hyperactivity
Omission	5	2
Addition	8	8
Modification	19	18
Restructure	15	16

Total	47	44

Note. A table showing the qualitatively evaluated occurrences of specific translation methodology principles.

Inattention. Regarding the English-Chinese translation of the DSM-5's inattention section, noticeable adjustments were made, particularly in terms of modification and restructure, although shifts across all four categories are present. The comprehensive results of these instances of omission, addition, modification, and restructure are presented below in Tables 2ai, 2aii, 2aiii, and 2aiv respectively. A total of 47 translation shifts were found, including 5 omissions, 8 additions, 19 modifications, and 15 restructures. Compared to all other sections (e.g., DSM-5 Hyperactivity and Impulsivity, ICD-11 sections), the DSM-5 inattention translation appears to have the most instances of translation shifts.

Table 2ai.
Frequency of Omission Translation Shifts in the Chinese version of the DSM-5 Inattention Section

Section	Source Text	Translated Text
Note	Note: The symptoms are not solely a **manifestation** of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), at least five symptoms are required.	注：这些症状_不仅仅是对立行为、违拗、敌意的表现，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要下列症状中的5项。
A	Often fails **to give** close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	经常不能_密切关注细节或在作业、工作或其他活动中犯粗心大意的错误（例如，忽视或遗漏细节，工作不精确）；
D	Often does not follow **through** on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	经常不遵循指示以致无法完成_作业、家务或工作中的职责（例如，可以开始任务但很快就失去注意力，容易分神）

Section	Source Text	Translated Text
D	Often does not follow through on instructions **and** fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	经常不遵循指示_以致无法完成作业、家务或工作中的职责（例如，可以开始任务但很快就失去注意力，容易分神）
I	Is often forgetful in daily activities (e.g., doing chores, **running** errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	经常在日常活动中忘记事情（例如，做家务、_外出办事；对于年龄较大的青少年和成人，则为回电话、付账单、約会）

Note. This table demonstrates the omission translation shifts in the Chinese version of the DSM-5 inattention section.

Table 2aii.
Frequency of Addition Translation Shifts in the Chinese version of the DSM-5 Inattention Section

Section	Source Text	Translated Text
Introduction	Inattention: Six (or more) of the following symptoms have persisted for at least 6 months __ to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities	注意障碍：6项（或更多）的下列症状持续至少6个月，**且**达到了与发育水平不相符的程度，并直接负性地影响了社会和学业/职业活动
Note	Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility__, or failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), at least five symptoms are required.	注：这些症状不仅仅是对立行为、违拗、敌意**的表现**，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要下列症状中的5项。
C	Often does not seem to listen when __ spoken to directly (e.g., mind seems elsewhere, even in	当**别人**对其直接讲话时，经常看起来没有在听（例如，即使在没有任

Section	Source Text	Translated Text
	the absence of any obvious distraction).	何明显干扰的情况下，显得心不在焉）
D	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	经常不遵循指示以致无法完成作业、家务或工作中的职责（例如，可以开始任务但很快就失去注意力，容易分神）
D	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	经常不遵循指示以致无法完成作业、家务或工作中的职责（例如，可以开始任务但很快就失去注意力，容易分神）
E	Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	经常难以组织任务和活动（例如，难以管理有条理的任务；难以把材料和物品放得整整齐齐：凌乱、工作没头绪: 不良的时间管理；不能遵守截止日期）
F	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	经常回避、厌恶或不情愿从事那些需要精神上持续努力的任务（例如，学校作业或家庭作业；对于年龄较大的青少年和成人，则为准备报告、完成表格或阅读冗大的文章）
G	Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	经常丢失任务或活动所需的物品（例如，学校的资料、铅笔、书、工具、钱包、钥匙、文件、眼镜、手机）

Section	Source Text	Translated Text
H	Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).	经常容易被外界的刺激分神（对于年龄较大的青少年和成人，可能包括不相关的想法）
I	Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	经常在日常活动中忘记事情（例如，做家务、外出办事；对于年龄较大的青少年和成人，则为回电话、付账单、約会）

Note. This table demonstrates the addition translation shifts in the Chinese version of the DSM-5 inattention section.

Table 2aiii.

Frequency of Modification Translation Shifts in the Chinese version of the DSM-5 Inattention Section

Section	Source Text	Translated Text
Introduction	Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that **is inconsistent** with developmental level and that negatively impacts directly on social and academic/occupational activities	注意障碍：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平**不相符**的程度，并直接负性地影响了社会和学业/职业活动
Introduction	Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on **social** and academic/occupational activities	注意障碍：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平不相符的程度，并直接负性地影响了**社会**和学业/职业活动
Note	Note: The symptoms are not **solely** a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older	注：这些症状**不仅仅**是对立行为、违拗、敌意的表现，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要下

Section	Source Text	Translated Text
	adolescents and adults (age 17 or older), at least five symptoms are required.	列症状中的5项。
A	Often **fails** to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	经常**不能**密切关注细节或在作业、工作或其他活动中犯粗心大意的错误（例如，忽视或遗漏细节，工作不精确）；
A	Often fails to give close attention to details or **makes** careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	经常不能密切关注细节或在作业、工作或其他活动中**犯**粗心大意的错误（例如，忽视或遗漏细节，工作不精确）；
A	Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is **inaccurate**).	经常不能密切关注细节或在作业、工作或其他活动中犯粗心大意的错误（例如，忽视或遗漏细节，工作**不精确**）；
B	Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty **remaining focused** during lectures, conversations, or lengthy reading).	在任务或游戏活动中经常难以维持注意力（例如，在听课、对话或长时间的阅读中难以维**持注意力**）
C	Often does not **seem** to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	当别人对其直接讲话时，经常**看起来**没有在听（例如，即使在没有任何明显干扰的情况下，显得心不在焉）
C	Often does not seem to listen when spoken to directly (e.g., **mind seems elsewhere**, even in the absence of any obvious	当别人对其直接讲话时，经常看起来没有在听（例如，即使在没有任

Section	Source Text	Translated Text
	distraction).	何明显干扰的情况下，**显得心不在焉**）
D	Often does not follow through on instructions and **fails** to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	经常不遵循指示以致**无法**完成作业、家务或工作中的职责（例如，可以开始任务但很快就失去注意力，容易分神）
D	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses **focus** and is easily sidetracked).	经常不遵循指示以致无法完成作业、家务或工作中的职责（例如，可以开始任务但很快就失去**注意力**，容易分神）
E	Often has difficulty organizing tasks and activities (e.g., difficulty managing **sequential** tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	经常难以组织任务和活动（例如，难以管理**有条理**的任务；难以把材料和物品放得整整齐齐：凌乱、工作没头绪: 不良的时间管理；不能遵守截止日期）
E	Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty **keeping** materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	经常难以组织任务和活动（例如，难以管理有条理的任务；难以把材料和物品**放得**整整齐齐：凌乱、工作没头绪: 不良的时间管理；不能遵守截止日期）
E	Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized	经常难以组织任务和活动（例如，难以管理有条理的任务；难以把材料和物品放得整整齐齐：凌乱、工作没头绪: 不良的时间管理；**不能**遵

Section	Source Text	Translated Text
	work; has poor time management; **fails** to meet deadlines).	守截止日期)
F	Often avoids, **dislikes,** or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	经常回避、**厌恶**或不情愿从事那些需要精神上持续努力的任务（例如，学校作业或家庭作业；对于年龄较大的青少年和成人，则为准备报告、完成表格或阅读冗大的文章)
F	Often avoids, dislikes, or **is reluctant** to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	经常回避、厌恶或**不情愿**从事那些需要精神上持续努力的任务（例如，学校作业或家庭作业；对于年龄较大的青少年和成人，则为准备报告、完成表格或阅读冗大的文章)
G	Often loses **things** necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	经常丢失任务或活动所需的**物品**（例如，学校的资料、铅笔、书、工具、钱包、钥匙、文件、眼镜、手机)
H	Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated **thoughts**).	经常容易被外界的刺激分神（对于年龄较大的青少年和成人，可能包括不相关的**想法**)
I	Is often forgetful in daily activities (e.g., doing chores, **running errands**; for older adolescents and adults, returning calls, paying bills, keeping appointments).	经常在日常活动中忘记事情（例如，做家务、**外出办事**；对于年龄较大的青少年和成人，则为回电话、付账单、約会)

Note. This table demonstrates the modification translation shifts in the Chinese version of the DSM-5 inattention section.

Table 2aiv.
Frequency of Restructure Translation Shifts in the Chinese version of the DSM-5 Inattention Section

Symptom	Source Text	Translated Text
Introduction	Inattention: Six (or more) of the following symptoms have persisted for at least 6 months **to a degree that is inconsistent with developmental level** and that negatively impacts directly on social and academic/occupational activities	注意障碍：6项（或更多）的下列症状持续至少6个月，且**达到了与发育水平不相符的程度**，并直接负性地影响了社会和学业/职业活动
Introduction	Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that **negatively impacts directly** on social and academic/occupational activities	注意障碍：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平不相符的程度，并**直接负性地影响**了社会和学业/职业活动
Note	Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), **at least five symptoms are required.**	注：这些症状不仅仅是对立行为、违拗、敌意的表现，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，**至少需要下列症状中的5项。**
A	Often fails to give close attention to details or makes careless mistakes in **schoolwork, at work, or during other activities** (e.g., overlooks or misses details, work is inaccurate).	经常不能密切关注细节或**在作业、工作或其他活动**中犯粗心大意的错误（例如，忽视或遗漏细节，工作不精确）；
B	Often has difficulty sustaining attention **in tasks or play activities** (e.g., has difficulty remaining focused during	**在任务或游戏活动**中经常难以维持注意力（例如，在听课、对话或长时间的阅读中难以维持注意力）

Symptom	Source Text	Translated Text
	lectures, conversations, or lengthy reading).	
B	Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused **during lectures, conversations, or lengthy reading**).	在任务或游戏活动中经常难以维持注意力（例如，**在听课、对话或长时间的**阅读中难以维持注意力）
C	Often does not seem to listen **when spoken to directly** (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	**当别人对其直接讲话时**，经常看起来没有在听（例如，即使在没有任何明显干扰的情况下，显得心不在焉）
C	Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, **even in the absence of any obvious distraction**).	当别人对其直接讲话时，经常看起来没有在听（例如，**即使在没有任何明显干扰的情况下，**显得心不在焉）
D	Often does not follow through on instructions and fails to finish schoolwork, chores, or **duties in the workplace** (e.g., starts tasks but quickly loses focus and is easily sidetracked).	经常不遵循指示以致无法完成作业、家务或**工作中的职责**（例如，可以开始任务但很快就失去注意力，容易分神）
E	Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, **disorganized work**; has poor time management; fails to meet deadlines).	经常难以组织任务和活动（例如，难以管理有条理的任务；难以把材料和物品放得整整齐齐：凌乱、**工作没头绪:** 不良的时间管理；不能遵守截止日期）
F	Often avoids, dislikes, or is reluctant to engage **in tasks** that require sustained mental	经常回避、厌恶或不情愿从事那些需要精神上持续努力**的任务**（例

Symptom	Source Text	Translated Text
	effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	如，学校作业或家庭作业；对于年龄较大的青少年和成人，则为准备报告、完成表格或阅读冗大的文章）
G	Often loses things necessary **for tasks or activities** (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	经常**丢失任务或活动**所需的物品（例如，学校的资料、铅笔、书、工具、钱包、钥匙、文件、眼镜、手机）
H	Is often easily distracted by **extraneous stimuli** (for older adolescents and adults, may include unrelated thoughts).	经常容易**被外界的刺激**分神（对于年龄较大的青少年和成人，可能包括不相关的想法）
I	Is often forgetful in **daily activities** (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	经常**在日常活动**中忘记事情（例如，做家务、外出办事；对于年龄较大的青少年和成人，则为回电话、付账单、約会）

Note. This table demonstrates the restructure translation shifts in the Chinese version of the DSM-5 inattention section.

Hyperactivity and Impulsivity. Regarding the English-Chinese translation of the DSM-5's hyperactivity and impulsivity section, noticeable adjustments were made, although slightly less than the DSM-5's inattention section. Similarly, these shifts generally fall under modification and restructure, although shifts across all four categories are present. The comprehensive results of these instances of omission, addition, modification, and restructure are presented below in Tables 2bi, 2bii, 2biii, and 2biv respectively. A total of 44 translation shifts were found, including 2 omissions, 8 additions, 18 modifications, and 16 restructures.

Table 2bi.
Frequency of Omission Translation Shifts in the Chinese version of the DSM-5 Hyperactivity Section

Symptom		
A	Often fidgets with **or taps** hands or feet or squirms in seat.	经常手脚动个不停_或在座位上扭动
B	Often leaves seat in situations when **remaining** seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	当被期待坐在_座位上时却经常离座（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要保持原地的位置）

Note. This table demonstrates the omission translation shifts in the Chinese version of the DSM-5 hyperactivity and impulsivity section.

Table 2bii.
Frequency of Addition Translation Shifts in the Chinese version of the DSM-5 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months _ to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities	多动和冲动：6项（或更多）的下列症状持续至少6个月，**且**达到了与发育水平不相符的程度，并直接负性地影响了社会和学业/职业活动
Introduction	Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that _ is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities	多动和冲动：6项（或更多）的下列症状持续至少6个月，且**达到了**与发育水平不相符的程度，并直接负性地影响了社会和学业/职业活动
B	Often leaves seat in situations	当被期待坐在座位上时却经常离座

Symptom	Source Text	Translated Text
	when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in __ place).	（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要保持**原地**的位置）
E	Is often “on the go” acting as if “driven by a motor” (e.g., is unable to be or __ uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	经常“忙个不停”，好像“被发动机驱动着”（例如，在餐厅、会议中无法长时间保持不动或**觉得**不舒服；可能被他人感受为坐立不安或难以跟上）
G	Often blurts out an answer before a question has been completed (e.g., completes __ people’s sentences; cannot wait for turn in conversation).	经常在提问还没有讲完之前就把答案脱口而出（例如，接**别**人的话，不能等待交谈的顺序）
H	Often has trouble waiting __ his/her turn (e.g., while waiting in line).	.经常难以等待轮**到**他/她（例如，当排队等待时）
I	Often interrupts or intrudes on others (e.g., butts into _ conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	经常打断或侵扰他人（例如，插入**别人的**对话、游戏或活动：没有询问或未经允许就开始使用他人的东西；对于青少年和成人，可能是侵扰或接管他人正在做的事情）。
I	Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults, may intrude into or take over __ what others are doing).	经常打断或侵扰他人（例如，插入别人的对话、游戏或活动：没有询问或未经允许就开始使用他人的东西；对于青少年和成人，可能是侵扰或接管他人**正在**做的事情）。

Note. This table demonstrates the addition translation shifts in the Chinese version of the DSM-5 hyperactivity and impulsivity section.

Table 2biii.
Frequency of Modification Translation Shifts in the Chinese version of the DSM-5 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that i**s inconsistent** with developmental level and that negatively impacts directly on social and academic/occupational activities	多动和冲动：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平**不相符**的程度，并直接负性地影响了社会和学业/职业活动
Introduction	Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on **social** and academic/occupational activities	多动和冲动：6项（或更多）的下列症状持续至少6个月， 达到了与发育水平不相符的程度，并直接负性地影响了**社会**和学业/职业活动
Note	Note: The symptoms are **not solely** a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), at least five symptoms are required.	注：这些症状**不仅仅**是对立行为、违拗、敌意的表现，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要符合下列症状中的5项。
Note	Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or **a failure** to understand tasks or instructions. For older adolescents and adults (age 17	注：这些症状不仅仅是对立行为、违拗、敌意的表现，或**不能**理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要符合下列症状中的5项。

Symptom	Source Text	Translated Text
	or older), at least five symptoms are required.	
A	Often **fidgets with** or taps hands or feet or squirms in seat.	经常手脚**动个不停**或在座位上扭动 [Often hands and feet move not stopping or in seat writhing]
B	Often leaves seat in **situations** when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	当被期待坐在座位上**时**却经常离座（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要保持原地的位置）
B	Often leaves seat in situations when remaining **seated** is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	当被期待**坐在座**位上时却经常离座（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要保持原地的位置）
B	Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require **remaining** in place).	当被期待坐在座位上时却经常离座（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要**保持**原地的位置）
C	Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, **may be limited** to feeling restless).	经常在不适当的场合跑来跑去或爬上爬下（注：对于青少年或成人，**可以仅**限于感到坐立不安）
C	Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling **restless**).	经常在不适当的场合跑来跑去或爬上爬下（注：对于青少年或成人，可以仅限于感**到坐立不安**）
D	Often unable to play or **take part** in leisure activities quietly.	经常无法安静地玩耍或**从事**休闲活动

Symptom	Source Text	Translated Text
E	Is often "**on the go**" acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	经常"**忙个不停**"，好像"被发动机驱动着"（例如，在餐厅、会议中无法长时间保持不动或觉得不舒服；可能被他人感受为坐立不安或难以跟上）
E	Is often "on the go" **acting as if "driven by a motor"** (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	经常"忙个不停"，**好像"被发动机驱动着"**（例如，在餐厅、会议中无法长时间保持不动或觉得不舒服；可能被他人感受为坐立不安或难以跟上）
E	Is often "on the go" acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being **restless** or difficult to keep up with).	经常"忙个不停"，好像"被发动机驱动着"（例如，在餐厅、会议中无法长时间保持不动或觉得不舒服；可能被他人感受为**坐立不安**或难以跟上）
E	Is often "on the go" acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to **keep up with**).	经常"忙个不停"，好像"被发动机驱动着"（例如，在餐厅、会议中无法长时间保持不动或觉得不舒服；可能被他人感受为坐立不安或难以**跟上**）
G	Often **blurts out** an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).	经常在提问还没有讲完之前就把答案**脱口而出**（例如，接别人的话，不能等待交谈的顺序）
I	Often interrupts or intrudes on others (e.g., **butts** into conversations, games, or activities; may start using other	经常打断或侵扰他人（例如，**插入**别人的对话、游戏或活动：没有询

Symptom	Source Text	Translated Text
	people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	问或未经允许就开始使用他人的东西；对于青少年和成人，可能是侵扰或接管他人正在做的事情）。
I	Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or **receiving** permission; for adolescents and adults, may intrude into or take over what others are doing).	经常打断或侵扰他人（例如，插入别人的对话、游戏或活动：没有询问或未**经**允许就开始使用他人的东西；对于青少年和成人，可能是侵扰或接管他人正在做的事情）。

Note. This table demonstrates the modification translation shifts in the Chinese version of the DSM-5 hyperactivity and impulsivity section.

Table 2biv.
Frequency of Restructure Translation Shifts in the Chinese version of the DSM-5 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to **a degree that** is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities	多动和冲动：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平不相符的**程度**，并直接负性地影响了社会和学业/职业活动
Introduction	Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that **negatively impacts directly** on social and academic/occupational activities	多动和冲动：6项（或更多）的下列症状持续至少6个月，且达到了与发育水平不相符的程度，并直**接负性地影响了**社会和学业/职业活动

Symptom	Source Text	Translated Text
Note	Note: The symptoms are not solely a **manifestation** of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), at least five symptoms are required.	注：这些症状不仅仅是对立行为、违拗、敌意**的表现**，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少需要符合下列症状中的5项。
Note	Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 or older), at least five symptoms **are required**.	注：这些症状不仅仅是对立行为、违拗、敌意的表现，或不能理解任务或指令。年龄较大（17岁及以上）的青少年和成人，至少**需要符合**下列症状中的5项。
A	Often fidgets with or taps **hands or feet** or squirms in seat.	经常**手脚**动个不停或在座位上扭动
A	Often fidgets with or taps hands or feet or squirms **in seat**.	经常手脚动个不停或**在座位上**扭动
B	Often leaves seat in situations **when** remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	**当被**期待坐在座位上时却经常离座（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要保持原地的位置）
B	Often leaves seat in situations when remaining seated **is expected** (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	当被**期待**坐在座位上时却经常离座（例如，离开他/她在教室、办公室或其他工作的场所，或是在其他情况下需要保持原地的位置）
B	Often leaves seat in situations when remaining seated is	当被期待坐在座位上时却经常离座

Symptom	Source Text	Translated Text
	expected (e.g., leaves his or her **place** in the classroom, in the office or other workplace, or in other situations that require remaining in place).	（例如，离开他/她在教室、办公室或其他工作的**场所**，或是在其他情况下需要保持原地的位置）
C	Often runs about or climbs in situations **where it is inappropriate**. (Note: In adolescents or adults, may be limited to feeling restless).	经常**在不适当的**场合跑来跑去或爬上爬下（注：对于青少年或成人，可以仅限于感到坐立不安）
D	Often unable to play or take part in leisure activities **quietly**.	经常无法**安静**地玩耍或从事休闲活动
E	Is often “on the go” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, **as in restaurants, meetings;** may be experienced by others as being restless or difficult to keep up with).	经常“忙个不停”，好像“被发动机驱动着”（例如，**在餐厅、会议中无法长时间**保持不动或觉得不舒服；可能被他人感受为坐立不安或难以跟上）
G	Often blurts out **an answer** before a question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).	经常在提问还没有讲完之前就把**答案**脱口而出（例如，接别人的话，不能等待交谈的顺序）
G	Often blurts out an answer before **a question has been completed** (e.g., completes people’s sentences; cannot wait for turn in conversation).	经常**在提问还没有讲完之前**就把答案脱口而出（例如，接别人的话，不能等待交谈的顺序）
G	Often blurts out an answer before a question has been completed (e.g., completes people’s sentences; cannot wait **for turn** in conversation).	经常在提问还没有讲完之前就把答案脱口而出（例如，接别人的话，不能等待交谈**的顺序**）
H	Often has trouble waiting his/her turn (e.g., while **waiting** in line).	经常难以等待轮到他/她（例如，当排队**等待时**）

Symptom	Source Text	Translated Text
I	Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things **without asking or receiving permission**; for adolescents and adults, may intrude into or take over what others are doing).	经常打断或侵扰他人（例如，插入别人的对话、游戏或活动：**没有询问或未经允许**就开始使用他人的东西；对于青少年和成人，可能是侵扰或接管他人正在做的事情）。

Note. This table demonstrates the restructure translation shifts in the Chinese version of the DSM-5 hyperactivity and impulsivity section.

ICD-11

A translation analysis based on an abbreviated translation shift model was conducted to determine the translation variances between the English and Chinese versions of the ICD-11. An overview of the observed translation shifts is presented below in Table 3. Overall, a total of 70 translation shifts were found in the ICD-11 ADHD section, which was significantly less than the overall total for the DSM-5 ADHD section.

Table 3.
Frequency of Loh's Abbreviated Shift Model Principles between the English and Chinese Versions of the ICD-11

	Inattention	Hyperactivity
Omission	3	5
Addition	5	3
Modification	12	16
Restructure	11	15
Total	31	39

Note. A table showing the qualitatively evaluated occurrences of specific translation methodology principles.

Inattention. Regarding the English-Chinese translation of the ICD-11's inattention section, moderate adjustments were made, although slightly less than both of the DSM-5 sections. The comprehensive results of these instances of omission, addition, modification, and restructure are presented below in Tables 3ai, 3aii, 3aiii, and 3aiv respectively. A total of 31

translation shifts were found, including 3 omissions, 5 additions, 12 modifications, and 11 restructures. Compared to all other sections (e.g., ICD-11 hyperactivity and impulsivity section, DSM-5 sections), the ICD-11 inattention translation appears to have the least instances of translation shifts.

Table 3ai.
Frequency of Omission Translation Shifts in the Chinese version of the ICD-11 Inattention Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of inattention that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. Symptoms are **typically** from the following clusters:	持续存在的数个注意缺陷症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。_表现形式包括：
A	Having difficulty sustaining attention on tasks that do not **provide** a high level of stimulation or reward or require sustained mental effort; lacking attention to detail; making careless mistakes in school or work assignments; not completing tasks.	对没有高_水平刺激或奖励的任务、需要持续脑力劳动的任务难以保持专注：缺乏对细节的注意；在学校或工作任务中犯粗心的错误；无法完成任务。
Note	Note: inattention may not be evident when the individual is engaged in activities that **provide** intense stimulation and frequent rewards.	注：当个体处于有_高强度刺激和频繁奖励的活动中时，注意缺陷症状可能不明显。

Note. This table demonstrates the omission translation shifts in the Chinese version of the ICD-11 inattention section.

Table 3aii.
Frequency of Addition Translation Shifts in the Chinese version of the ICD-11 Inattention Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of inattention that are persistent	持续存在的数个注意缺陷症状，且

Symptom	Source Text	Translated Text
	and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. Symptoms are typically __ from the following clusters:	严重到足以对学习、工作或社会功能产生直接的负面影响。表现**形式**包括：
B	Being easily distracted by extraneous stimuli or thoughts not related to the task at hand; often seeming not to listen when __ spoken to directly; frequently appearing to be daydreaming or to have their mind elsewhere.	容易被外界刺激或与正在做的事情无关的想法分心；当直接与**其**说话时，经常看起来没有在听；经常像是在做白日梦或心不在焉。
B	Being easily distracted by extraneous stimuli or thoughts not related to the task at hand; often seeming not to listen when spoken to directly; frequently appearing to be __ daydreaming or to have their mind elsewhere.	容易被外界刺激或与正在做的事情无关的想法分心；当直接与其说话时，经常看起来没有在听；经常像是在**做白**日梦或心不在焉。
Note	Note: inattention may not be evident when the individual is engaged in activities that provide __ intense stimulation and frequent rewards.	注：当个体处于有**高**强度刺激和频繁奖励的活动中时，注意缺陷症状可能不明显。
Note	Note: inattention __ may not be evident when the individual is engaged in activities that provide intense stimulation and frequent rewards.	注：当个体处于有高强度刺激和频繁奖励的活动中时，注意缺陷**症状**可能不明显。

Note. This table demonstrates the addition translation shifts in the Chinese version of the ICD-11 inattention section.

Table 3aiii.
Frequency of Modification Translation Shifts in the Chinese version of the ICD-11 Inattention Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of inattention that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or **social** functioning are among the essential components. Symptoms are typically from the following clusters:	持续存在的数个注意缺陷症状，且严重到足以对学习、工作或**社会**功能产生直接的负面影响。表现形式包括：
Introduction	Several symptoms of inattention that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. **Symptoms** are typically from the following clusters:	持续存在的数个注意缺陷症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。**表现**形式包括：
Introduction	Several symptoms of inattention that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. Symptoms are typically from the following **clusters**:	持续存在的数个注意缺陷症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。表现形式包**括**：
A	Having difficulty sustaining attention on tasks that do not provide a high level of stimulation or reward or require sustained mental effort; lacking attention to detail; **making** careless mistakes in school or work assignments; not completing tasks.	对没有高水平刺激或奖励的任务、需要持续脑力劳动的任务难以保持专注：缺乏对细节的注意；在学校或工作任务中**犯**粗心的错误；无法完成任务。

Symptom	Source Text	Translated Text
A	Having difficulty sustaining attention on tasks that do not provide a high level of stimulation or reward or require sustained mental effort; lacking attention to detail; making careless mistakes in school or work assignments; **not** completing tasks.	对没有高水平刺激或奖励的任务、需要持续脑力劳动的任务难以保持专注：缺乏对细节的注意；在学校或工作任务中犯粗心的错误；**无法**完成任务。
B	Being easily distracted by extraneous stimuli or **thoughts** not related to the task at hand; often seeming not to listen when spoken to directly; frequently appearing to be daydreaming or to have their mind elsewhere.	容易被外界刺激或与正在做的事情无关的**想法**分心；当直接与其说话时，经常看起来没有在听；经常像是在做白日梦或心不在焉。
B	Being easily distracted by extraneous stimuli or thoughts not related to **the task at hand**; often seeming not to listen when spoken to directly; frequently appearing to be daydreaming or to have their mind elsewhere.	容易被外界刺激或与正**在做的事情**无关的想法分心；当直接与其说话时，经常看起来没有在听；经常像是在做白日梦或心不在焉。
B	Being easily distracted by extraneous stimuli or thoughts not related to the task at hand; often **seeming** not to listen when spoken to directly; frequently appearing to be daydreaming or to have their mind elsewhere.	容易被外界刺激或与正在做的事情无关的想法分心；当直接与其说话时，经常**看起来**没有在听；经常像是在做白日梦或心不在焉。
B	Being easily distracted by extraneous stimuli or thoughts not related to the task at hand; often seeming not to listen when spoken to directly; frequently appearing to be daydreaming or **to have their mind elsewhere**.	容易被外界刺激或与正在做的事情无关的想法分心；当直接与其说话时，经常看起来没有在听；经常像是在做白日梦或**心不在焉。**

Symptom	Source Text	Translated Text
C	Losing things; being forgetful in daily activities; having difficulty remembering to complete **upcoming** daily tasks or activities; having difficulty planning, managing and organizing schoolwork, tasks and other activities.	掉东西；在日常活动中健忘；难以记住去完成**需要完成的**日常任务或活动；难以规划、管理和组织学校作业、任务和其他活动。
Note	Note: inattention may not be **evident** when the individual is engaged in activities that provide intense stimulation and frequent rewards.	注：当个**体处于有**高强度刺激和频繁奖励的活动中时，注意缺陷症状可能不明显。
Note	Note: inattention may not be evident when the individual is **engaged** in activities that provide intense stimulation and frequent rewards.	注：当个体处于有高强度刺激和频繁奖励的活动中时，注意缺陷症状可能不**明显。**

Note. This table demonstrates the modification translation shifts in the Chinese version of the ICD-11 inattention section.

Table 3aiv.
Frequency of Restructure Translation Shifts in the Chinese version of the ICD-11 Inattention Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of inattention that **are persistent** and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. Symptoms are typically from the following clusters:	**持续存在的**数个注意缺陷症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。表现形式包括：
Introduction	Several symptoms of inattention that are persistent and **sufficiently severe** that they have a direct negative impact on	持续存在的数个注意缺陷症状，且**严重到足**以对学习、工作或社会功能产生直接的负面影响。表现形式

Symptom	Source Text	Translated Text
	academic, occupational or social functioning are among the essential components. Symptoms are typically from the following clusters:	包括：
Introduction	Several symptoms of inattention that are persistent and sufficiently severe that they have a **direct negative impact** on academic, occupational or social functioning are among the essential components. Symptoms are typically from the following clusters:	持续存在的数个注意缺陷症状，且严重到足以对学习、工作或社会功能产**生直接的负面影响。**表现形式包括：
A	**Having difficulty sustaining attention** on tasks that do not provide a high level of stimulation or reward or require sustained mental effort; lacking attention to detail; making careless mistakes in school or work assignments; not completing tasks.	对没有高水平刺激或奖励的任务、需要持续脑力劳动的任务**难以保持专注**：缺乏对细节的注意；在学校或工作任务中犯粗心的错误；无法完成任务。
A	Having difficulty sustaining attention on tasks that **do not provide a high level of stimulation or reward** or require sustained mental effort; lacking attention to detail; making careless mistakes in school or work assignments; not completing tasks.	**对没有高水平刺激或奖励的任务**、需要持续脑力劳动的任务难以保持专注：缺乏对细节的注意；在学校或工作任务中犯粗心的错误；无法完成任务。
A	Having difficulty sustaining attention on tasks that do not provide a high level of stimulation or reward or require sustained mental effort; lacking attention to detail; making careless mistakes **in**	对没有高水平刺激或奖励的任务、需要持续脑力劳动的任务难以保持专注：缺乏对细节的注意；**在学校或工作任务中**犯粗心的错误；无法完成任务。

Symptom	Source Text	Translated Text
	school or work assignments; not completing tasks.	
B	Being easily **distracted** by extraneous stimuli or thoughts not related to the task at hand; often seeming not to listen when spoken to directly; frequently appearing to be daydreaming or to have their mind elsewhere.	容易被外界刺激或与正在做的事情无关的想法**分心**；当直接与其说话时，经常看起来没有在听；经常像是在做白日梦或心不在焉。
B	Being easily distracted by extraneous stimuli or thoughts not related to the task at hand; often seeming not to listen **when spoken to directly**; frequently appearing to be daydreaming or to have their mind elsewhere.	容易被外界刺激或与正在做的事情无关的想法分心；**当直接与其说话时**，经常看起来没有在听；经常像是在做白日梦或心不在焉。
C	Losing things; **being forgetful** in daily activities; having difficulty remembering to complete upcoming daily tasks or activities; having difficulty planning, managing and organizing schoolwork, tasks and other activities.	掉东西；在日常活动中**健忘**；难以记住去完成需要完成的日常任务或活动；难以规划、管理和组织学校作业、任务和其他活动。
Note	Note: **inattention may not be evident** when the individual is engaged in activities that provide intense stimulation and frequent rewards.	注：当个体处于有高强度刺激和频繁奖励的活动中时，**注意缺陷症状可能不明显。**
Note	Note: inattention may not be evident when the individual is engaged **in activities** that provide intense stimulation and frequent rewards.	注：当个体处于有高强度刺激和频繁奖励的**活动中时**，注意缺陷症状可能不明显。

Note. This table demonstrates the restructure translation shifts in the Chinese version of the ICD-11 inattention section.

Hyperactivity and Impulsivity. Regarding the English-Chinese translation of the ICD-11's hyperactivity and impulsivity section, moderate adjustments were made, although significantly more than the ICD-11 hyperactivity and impulsivity section. The comprehensive results of these instances of omission, addition, modification, and restructure are presented below in Tables 3bi, 3bii, 3biii, and 3biv respectively. A total of 39 translation shifts were found, including 5 omissions, 3 additions, 16 modifications, and 15 restructures.

Table 3bi.
Frequency of Omission Translation Shifts in the Chinese version of the ICD-11 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning **are among the essential components**. These tend to be most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响 __。这些症状在需要行为自控的场合中，表现得最为突出。表现形式包括：
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. **These tend to be** most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状 _在需要行为自控的场合中，表现得最为突出。表现形式包括：

Symptom	Source Text	Translated Text
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most evident in structured situations that require behavioural self-control. Symptoms are **typically** from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为突出。_表现形式包括：
A	**Showing** excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	_活动过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
C	Blurting out answers in school or comments at work; having difficulty waiting **their turn** in conversation, games or activities; interrupting or intruding on others' conversations or games.	在学校回答问题或在工作中发表意见时脱口而出；在谈话、游戏或排队时难以等待_；打断或打扰别人的谈话或游戏。

Note. This table demonstrates the omission translation shifts in the Chinese version of the ICD-11 hyperactivity and impulsivity section.

Table 3bii.
Frequency of Addition Translation Shifts in the Chinese version of the ICD-11 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These __ tend to be most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些**症状**在需要行为自控的场合中，表现得最为突出。表现形式包括：
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most evident __ in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，**表现**得最为突出。表现形式包括：
D	Having a tendency to act in response to __ immediate stimuli without deliberation or consideration of risks and consequences (e.g. engaging in behaviours with potential for physical injury; impulsive decisions; reckless driving).	倾向于**碰到**刺激就即刻反应，不假思索或者不考虑危险和后果（如参与有潜在身体伤害的活动；冲动的决定；鲁莽的驾驶）。

Note. This table demonstrates the addition translation shifts in the Chinese version of the ICD-11 hyperactivity and impulsivity section.

Table 3biii.

Frequency of Modification Translation Shifts in the Chinese version of the ICD-11 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or **social** functioning are among the essential components. These tend to be most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或**社会**功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为突出。表现形式包括：
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most **evident** in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为**突出**。表现形式包括：
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most evident in structured	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为突出。**表现**形式包括：

Symptom	Source Text	Translated Text
	situations that require behavioural self-control. **Symptoms** are typically from the following clusters:	
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most evident in structured situations that require behavioural self-control. Symptoms are typically from the following **clusters**:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为突出。表现形式包**括**:
A	Showing excessive **motor activity**; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	**活动**过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat when **expected** to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动过多；被**要求**安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。

Symptom	Source Text	Translated Text
A	Showing excessive motor activity; leaving their seat when expected to sit **still**; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动过多；被要求**安静**坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting **still** without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难**安静**坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (**younger children**); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（**幼儿**）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying **feelings of physical restlessness** and a sense of discomfort with being quiet or	活动过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时**表现出坐立不安**或感到不舒服（青少年和成人）。

Symptom	Source Text	Translated Text
	sitting still (adolescents and adults).	
A	Showing excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and **a sense of** discomfort with being quiet or sitting still (adolescents and adults).	活动过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或**感到**不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with **being** quiet or sitting still (adolescents and adults).	活动过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；**保持**安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
C	Blurting out answers in school or **comments** at work; having difficulty waiting their turn in conversation, games or activities; interrupting or intruding on others' conversations or games.	在学校回答问题或在工作中**发表意见**时脱口而出；在谈话、游戏或排队时难以等待；打断或打扰别人的谈话或游戏。
C	Blurting out answers in school or comments at work; having difficulty waiting their turn in conversation, games or **activities**; interrupting or intruding on others' conversations or games.	在学校回答问题或在工作中发表意见时脱口而出；在谈话、**游戏**或排队时难以等待；打断或打扰别人的谈话或游戏。

Symptom	Source Text	Translated Text
D	Having a tendency to **act in response** to immediate stimuli without deliberation or consideration of risks and consequences (e.g. engaging in behaviours with potential for physical injury; impulsive decisions; reckless driving).	倾向于碰到刺激就即**刻反应**，不假思索或者不考虑危险和后果（如参与有潜在身体伤害的话动；冲动的决定；鲁莽的驾驶）。
D	Having a tendency to act in response to immediate stimuli **without deliberation** or consideration of risks and consequences (e.g. engaging in behaviours with potential for physical injury; impulsive decisions; reckless driving).	倾向于碰到刺激就即刻反应，**不假思索**或者不考虑危险和后果（如参与有潜在身体伤害的话动；冲动的决定；鲁莽的驾驶）。
D	Having a tendency to act in response to immediate stimuli without deliberation or consideration of risks and consequences (e.g. engaging in behaviours with potential for **physical** injury; impulsive decisions; reckless driving).	倾向于碰到刺激就即刻反应，不假思索或者不考虑危险和后果（如参与有潜在**身体**伤害的话动；冲动的决定；鲁莽的驾驶）。

Note. This table demonstrates the modification translation shifts in the Chinese version of the ICD-11 hyperactivity and impulsivity section.

Table 3biv.
Frequency of Restructure Translation Shifts in the Chinese version of the ICD-11 Hyperactivity and Impulsivity Section

Symptom	Source Text	Translated Text
Introduction	Several symptoms of hyperactivity-impulsivity **that are persistent** and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most evident in structured situations that	**持续存在的**数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为突出。表现形式包括：

Symptom	Source Text	Translated Text
	require behavioural self-control. Symptoms are typically from the following clusters:	
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and **sufficiently severe** that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且**严重到足**以对学习、工作或社会功能产生直接的负面影响。这些症状在需要行为自控的场合中，表现得最为突出。表现形式包括：
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a **direct negative impact** on academic, occupational or social functioning are among the essential components. These tend to be most evident in structured situations that require behavioural self-control. Symptoms are typically from the following clusters:	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产**生直接的负面影**响。这些症状在需要行为自控的场合中，表现得最为突出。表现形式包括：
Introduction	Several symptoms of hyperactivity-impulsivity that are persistent and sufficiently severe that they have a direct negative impact on academic, occupational or social functioning are among the essential components. These tend to be most evident **in structured**	持续存在的数个多动/冲动症状，且严重到足以对学习、工作或社会功能产生直接的负面影响。这些症状**在需要行为自控的场合中**，表现得最为突出。表现形式包括：

Symptom	Source Text	Translated Text
	situations that require behavioural self-control. Symptoms are typically from the following clusters:	
A	Showing **excessive** motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动**过多**；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat **when expected to sit still**; often running about; having difficulty sitting still without fidgeting (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动过多；**被要求安静坐着时**离开座位；经常跑来跑去；不摆弄些东西就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat when expected to sit still; often running about; having difficulty sitting still **without fidgeting** (younger children); displaying feelings of physical restlessness and a sense of discomfort with being quiet or sitting still (adolescents and adults).	活动过多；被要求安静坐着时离开座位；经常跑来跑去；**不摆弄些东西**就很难安静坐着（幼儿）；保持安静或静坐时表现出坐立不安或感到不舒服（青少年和成人）。
A	Showing excessive motor activity; leaving their seat when expected to sit still; often	活动过多；被要求安静坐着时离开座位；经常跑来跑去；不摆弄些东

Symptom	Source Text	Translated Text
	running about; having difficulty sitting still without fidgeting (younger children); **displaying feelings of physical restlessness and a sense of discomfort** with being quiet or sitting still (adolescents and adults).	西就很难安静坐着（幼儿）；保持安静或静坐时**表现出坐立不安或感到不舒服**（青少年和成人）。
B	Having difficulty engaging in activities **quietly**; talking too much.	难以**安静**地参加活动；说话过多。
C	**Blurting out** answers in school or comments at work; having difficulty waiting their turn in conversation, games or activities; interrupting or intruding on others' conversations or games.	在学校回答问题或在工作中发表意见时**脱口而出**；在谈话、游戏或排队时难以等待；打断或打扰别人的谈话或游戏。
C	Blurting out answers **in school** or comments at work; having difficulty waiting their turn in conversation, games or activities; interrupting or intruding on others' conversations or games.	**在学校**回答问题或在工作中发表意见时脱口而出；在谈话、游戏或排队时难以等待；打断或打扰别人的谈话或游戏。
C	Blurting out answers in school or comments **at work**; having difficulty waiting their turn in conversation, games or activities; interrupting or intruding on others' conversations or games.	在学校回答问题或**在工作中**发表意见时脱口而出；在谈话、游戏或排队时难以等待；打断或打扰别人的谈话或游戏。
C	Blurting out answers in school or comments at work; having difficulty waiting their turn **in conversation, games or activities**; interrupting or	在学校回答问题或在工作中发表意见时脱口而出；**在谈话、游戏或排队时**难以等待；打断或打扰别人的

Symptom	Source Text	Translated Text
	intruding on others' conversations or games.	谈话或游戏。
D	Having a tendency to act in response **to immediate stimuli** without deliberation or consideration of risks and consequences (e.g. engaging in behaviours with potential for physical injury; impulsive decisions; reckless driving).	倾向于**碰到刺激就即刻反应**，不假思索或者不考虑危险和后果（如参与有潜在身体伤害的话动；冲动的决定；鲁莽的驾驶）。
D	Having a tendency to act in response to immediate stimuli without deliberation or consideration of risks and consequences (e.g. engaging in behaviours with **potential for physical injury**; impulsive decisions; reckless driving).	倾向于碰到刺激就即刻反应，不假思索或者不考虑危险和后果（如参与**有潜在身体伤害的**话动；冲动的决定；鲁莽的驾驶）。

Note. This table demonstrates the restructure translation shifts in the Chinese version of the ICD-11 hyperactivity and impulsivity section.

Cross-Cultural Analysis

DSM-5

A qualitative cross-cultural analysis evaluated the coded translation shifts for major recurring themes of cross-cultural bias between the English and Chinese versions of the DSM-5.

Construct Bias. The DSM-5's translation shifts demonstrated multiple sources of construct bias. First, some constructs were only partially described in their translated counterparts. For instance, although general descriptions of symptoms could be consistent between versions, unique details, including "through" in "does not follow through" and "or taps" in "often fidgets with or taps", were omitted in the TT (i.e., Chinese version). These shifts produce a differing representation of the construct's original measurements (e.g., symptom guidelines), as the reduction of guiding details (e.g., finger tapping) increases the opportunity for interpretation ambiguity.

In addition, the DSM-5's translation shifts demonstrated differing approaches to the appropriateness associated with construct-related behaviors between versions. For example, the addition of "却" (i.e., yet) in "却经常离座" (i.e., yet often leaves seat) compared to the

ST excerpt (i.e., often leaves seat) reframes the same behaviors (i.e., leaving their seat) as deliberate contradicting or rebelling. These shifts illustrate the culturally distinct interpretations of the same construct (e.g., leaving a seat), as behaviors with varying functional implications (e.g., uncontrollable vs deliberate) can lead to inaccurate reflections of a construct.

Method Bias. The DSM-5's translation shifts demonstrated some sources of method bias, particularly demonstrating differential response styles. For example, in the DSM-5, the process of "dislikes" was translated as 厌恶 (i.e., hates), heightening the intensity of negative affect portrayed in the ST. This is similarly reflected in the process of "makes" in "makes careless mistakes", which was translated as 犯 (i.e., commits), portraying a considerably negative connotation of behavior (i.e., careless mistakes). These shifts produce differing responses to symptomatic behavior, as intensely negative or undesirable behavior can lead to central tendency (i.e., selecting less extreme scoring). Along similar lines, the processes of "fails" or "failure" were translated as 不能 or 无法 (i.e., unable), which modified the expression to convey less negative connotation regarding personal capability or effort. This shift can impact response style, as the severity threshold is interpreted differently between terms.

Item Bias. The DSM-5's translation shifts demonstrated multiple sources of item bias. First, some items have culturally or linguistically unique features that make it difficult to translate. For example, the English version of the DSM-5 includes multiple instances of descriptives (e.g., "butts into conversations", "on the go", "driven by a motor", "blurts") that are uniquely English-specific in nature and had to be modified for the Chinese version. These shifts illustrate the impediment of unique linguistic terminology, as the utilization of linguistically idiosyncratic expressions (e.g., metaphors, analogies) hinders the universalized transmissibility of meaning.

In addition, some items have culturally specific meanings or connotations that impact meaning between languages. For instance, the term "thoughts" in "unrelated thoughts" was translated as "想法" (i.e., idea, opinion), modifying the attributed personal nature (e.g., perspective, point of view) of the generalized thought construct. Similarly, "social" in "social… activities" was translated as "社会" (i.e., societal), conveying a collective sense of "social activity" (e.g., volunteer work, community service), contrasting with the relational connotation (e.g., conversation, social gatherings) of the ST. These shifts produce unintended response variation, as utilizing the "same" terms with differences in cultural-specific connotation can lead to

inconsistent interpretations of the same construct.

ICD-11

A qualitative cross-cultural analysis evaluated the coded translation shifts for major recurring themes of cross-cultural bias between the English and Chinese versions of the DSM-5.

Construct Bias. The ICD-11's translation shifts demonstrated some sources of construct bias. First, some constructs were only partially described in their translated counterparts. For instance, although general descriptions of symptoms could be consistent between versions, unique details were shifted between versions, including the omission of "physical" in "physical restlessness" in the TT. Additionally, the ICD-11 added "排队" (i.e., wait in line) in "在谈话、游戏或排队" (i.e., in conversation, play-activities, or waiting in line) in the TT and omitted "activities" in "in conversation, games or activities" from the ST. These shifts produce a differing representation of the construct's original measurements (e.g., symptom guidelines), as the reduction of guiding details (e.g., finger tapping) increases the opportunity for interpretation ambiguity.

Method Bias. Similar to the DSM-5, the ICD-11's translation shifts demonstrated multiple sources of method bias, particularly differential response styles. For example, like the DSM-5, the process of "making" in "making careless mistakes" was translated as 犯 (i.e., commits); the negation "not" in "not completing tasks" was also translated as 无法 (i.e., unable). These shifts can impact response style, as the severity threshold is interpreted differently between terms.

In addition, some guidelines were only partially translated in the translated text (i.e., the Chinese version). For instance, descriptives like "typically" in "Symptoms are typically from" from the inattention diagnostic introduction were omitted in the TT. Furthermore, entire phrases were omitted in the TT's (i.e., Chinese version) hyperactivity-impulsivity introduction, including "among the essential components" in "Several symptoms… are among the essential components", "these tend to be" in "These [symptoms] tend to be most evident", and "typically from" in "Symptoms are typically from the following". These shifts produce guideline ambiguities, as the reduction of requirement details diminishes the specificity and clarity that would generally guide an administrator's (e.g., clinician) symptom evaluation.

Item Bias. The ICD-11's translation shifts demonstrated multiple sources of item bias. First, some items lack alignment with their translated counterparts. For instance, "upcoming" in "upcoming daily tasks" was translationally modified to "需要完成的" (i.e., necessary-to-finish, complete), conveying

differing understandings of tasks that apply to symptomatic behavior. This shift produces item inconsistencies, as the complete modification of qualifying details between languages can lead to significant cultural variations in diagnostic standards.

In addition, like the DSM-5, some items have culturally specific meanings or connotations that impact meaning between languages. These similarities include the term "thoughts" in "thoughts not related to the task" was similarly translated as "想法" (i.e., idea, opinion); the term "social" in "social functioning" was also translated as "社会" (i.e., societal). The ICD-11 uniquely translates both "still" and "quietly" as "安静" (i.e., quiet, calm), portraying stillness as an extension of quietness compared to the ST connotation of stillness as physical expression (i.e., not moving). These shifts produce unintended response variation, as utilizing the "same" terms with differences in cultural-specific connotation can lead to inconsistent interpretations of the same construct.

Discussion

The purpose of the current study was to evaluate the linguistic differences between the English and Chinese versions of the ADHD diagnostic section and to explore the cross-cultural differences based on translation shifts.

Translation Analysis

The first aim of the current study was to evaluate the linguistic translation shifts between the Chinese and English versions of popular diagnostic manuals. Due to the novelty of the study design, there was no proposed hypothesis.

DSM-5

Inattention. The results of the current study found that the DSM-5's inattention ADHD section employed the most translation shifts, frequently favoring modification and restructure. This high frequency may generally suggest that the English and Chinese versions of DSM-5's inattention ADHD section may have some meaningful differences between translations. However, the high tendency for modification and restructure could be interpreted as cross-cultural adaptation rather than inequivalence, as modification and restructure generally occur due to linguistic differences between languages rather than more severe adjustments that might emerge from an omission or addition shift. Additionally, the number of translation shifts in the inattention section may be explained by the Western-centric ADHD development, as Western constructs could connotatively deviate from the background provided by China's pre-existing inattention-related disorders (Barkley, 2015; Conrad & Bergey, 2014; Pickering & Nie, 2016; Smith, 2017).

Hyperactivity and Impulsivity. The DSM-5's hyperactivity and impulsivity section

employed the second-most amount of translation shifts, similarly favoring modification and restructure. Similarly, although the high frequency of these results may suggest that some meaningful differences exist, the tendency towards modification and restructure could point to the cross-cultural adaptation rather than the inequivalence between the Chinese and English versions of DSM-5's hyperactivity and impulsivity description. The comparatively lower amount of translation shifts in the hyperactivity and impulsivity section may also be explained by the higher adjacency to traditional disorders in China, as these disorders (e.g., ZangZao/脏躁) were more aligned with modern definitions of hyperactivity than modern definitions of inattention (Gueorguieva et al., 2015).

ICD-11

Inattention. The current study found that the ICD-11's inattention ADHD section employed the least amount of translation shifts, favoring modification and restructure. The lower frequency of translation shifts suggests some equivalency between the English and Chinese versions of the ICD-11's inattention section, with the tendency towards modification and restructure possibly reflecting these differences as cross-culturally adaptive in nature. These findings may also be explained by the recency of the content (i.e., ICD-11), as it was published over 5 years after the DSM-5, possibly suggesting improved translation methodology or structures. These advancements notably include heightened collaborative effort between the developers of the source materials and the translators, which could create more opportunities to identify and improve terminological equivalence between versions (World Health Organization, 2023). Additionally, the reduction in shifts could reflect the content, as the ICD-11's section description is considerably shortened and summarized compared to the DSM-5, decreasing the opportunity for translation shifts to occur (Gomez et al., 2023).

Hyperactivity and Impulsivity. The results of the current study found that the ICD-11's inattention ADHD section employed the second least translation shifts favoring modification and restructure, although the amount of shifts (i.e., 40) more closely aligns with the DSM-5's total of translation shifts (e.g., 47, 45) than the ICD-11's inattention amount (i.e., 31). The comparatively high amount of shifts in the hyperactivity and impulsivity section appears inconsistent with the highly adjacent nature of hyperactivity cross-culturally (Gueorguieva et al., 2015). However, the significant discrepancy can mainly be attributed to the significant omission of details within the hyperactivity and impulsivity section's introductory paragraph, where details like "symptoms" or "typically" did not transfer to the simplified Chinese version. Thus, rather than inequivalence between hyperactivity constructs,

the high frequency of translation shifts may be reflective of some linguistic or connotative differences between English and Chinese, as Chinese sentence structures or terminology may cover multiple phrases or words that would make word-for-word translation redundant. The tendency towards modification and restructure shifts may further reflect these differences as cross-culturally adaptive in nature. Additionally, similar to the ICD-11 inattention section, these results may reflect differences in timeliness, collaboration, and content (Gomez et al., 2023).

Cultural Analysis

The second aim of the current study was to evaluate the cross-cultural differences between the Chinese and English versions of popular diagnostic manuals. Due to the novelty of the study design, there was no proposed hypothesis.

DSM-5

Construct Bias. The current study identified 2 sources of construct bias in the DSM-5's ADHD section, including the incomplete coverage of a construct's relevant aspects and the differential appropriateness of a construct. These findings may be attributed to ambiguous or inadequate translation, as some instances omitted relevant information despite the availability of similar or equivalent terms. However, considering the commercial nature of the translation, the reasoning behind these omissions is unlikely to be translator oversight. This may also be explained by cultural-linguistic differences between Chinese and English, as the cross-linguistic variation of contextualizing particles or phrases (e.g., descriptive qualifiers) often brings the potential for construct misalignment. The possible conflicts that originated from the connotative variation of definitionally interchangeable terminology may further indicate these differences. Overall, these findings suggest that moderate construct bias may occur from translation shifts.

Method Bias. The current study found 1 source of method bias in the DSM-5's ADHD section, including differential response styles. This finding may reflect the influence of China's cultural values (e.g., discipline, principles of propriety) on behavioral identification, as some researchers propose "deviant" behaviors (e.g., hyperactivity, impulsivity) are perceived more negatively due to the importance of socially-harmonious Confucian ideals (Gueorguieva et al., 2015; Norvilitis & Fang, 2005). Overall, these results suggest that minor method bias may occur from translation shifts.

Item Bias. The current study found 2 sources of item bias in the DSM-5's ADHD section, including ambiguous item translation and culturally specific deviations. These results may once again be attributed to cultural-linguistic differences, as the interchangeable utilization of interlingually homographic terminology with partially overlapping

definitions may create unintended inequivalence between item understanding. Additionally, this may reflect poor adaptability of the source text, as the use of linguistically idiosyncratic phrases (e.g., metaphors) increases the opportunity for inequivalent meanings in translation. This may also be indicative of the DSM-5's Western-centric development, as these language-specific phrases favor the English-based context (Barkley, 2015; Conrad & Bergey, 2014). Overall, these findings suggest moderate item bias may occur from translation shifts.

ICD-11

Construct Bias. The current study identified 1 source of construct bias in the ICD-11's ADHD section, including the incomplete coverage of a construct's relevant aspects. These results may once again be related to ambiguous or inadequate translation, as important phrases or details were omitted or majorly modified between language versions despite utilizable, more equivalent alternatives. Similarly, considering the collaborative and commercial nature of this translation, exploring the rationale behind these decisions would be highly speculative and beyond the scope of the current study. These possible conflicts may also be attributed to cultural-linguistic differences, as the language variation in the reliance on explicit and implied meaning can produce inequivalent interpretations due to language-specific assumptions of implicit understanding. Overall, these findings suggest that minor construct bias may occur from translation shifts.

Method Bias. The current study identified 2 sources of method bias in the ICD-11's ADHD section, including differential response styles and ambiguous guidelines for administrators. Notably, the ICD-11's instances of differential response styles are consistent with the DSM-5's (e.g., make & 犯). Thus, this finding may further support the proposal regarding the influence of China's cultural values on behavioral identification and the negative perspective of misbehavior (Gueorguieva et al., 2015; Norvilitis & Fang, 2005). These results, particularly the previously discussed Chinese version of the hyperactivity and impulsivity introduction passage, may once again be attributed to ambiguous or inadequate translation, as the exclusion of major descriptive content between languages generally indicates deliberate intention. However, this could also reflect cultural-linguistic differences, as the variance in the information conveyed explicitly and implicitly could improve language-specific clarity at the expense of ST details. Overall, these findings suggest moderate method bias may occur from translation shifts.

Item Bias. The current study identified 2 sources of item bias in the ICD-11's ADHD section, including ambiguous item translation and culturally specific deviations. These findings may be attributed to ambiguous or inadequate

translations, as multiple instances demonstrate complete modification of meaning despite the availability of more ST-equivalent terminology. However, the significant contrasting adjustment between language versions would generally indicate intentionality rather than poor translation quality. In this likelihood, these findings may be indicative of cultural adaptation, as favoring familiar phrases based on language could improve language-specific comprehensibility at the expense of explicit definition equivalence. Additionally, consistent with the culturally specific deviation of the DSM-5's sources of item bias, these results may be reflective of cultural-linguistic differences from partially overlapping definitions of interlingual homographs. Overall, these findings suggest moderate item bias may occur from translation shifts.

Implications

Past Research

The cross-cultural validity of ADHD remains an important topic in the face of growing international prominence. This prioritization of globalized standardization is a vital step towards equal access to quality resources, particularly for populations with under-served or under-funded ADHD fields, like China (Li et al., 2025; Li & Wei, 2025). Despite this spotlight, comprehensive studies evaluating diagnostic practices are disproportionately limited, and more so are those comparing cross-culturally. Of those within a Chinese context, most major research literature exceeds the recency of 10 years, which is a significantly inhibitive aspect considering the occurrence of multiple major revisions (e.g., DSM-5TR in 2022, ICD-11 in 2018) since then (Barkley, 2015; Gomez et al., 2023). From these limited studies, researchers suggested some significant differences in ADHD diagnosis and identification between Chinese and Western (e.g., American, British) populations (e.g., Lai et al., 2002; Norvilitis & Fang, 2005). The current study not only found translation inconsistencies between Chinese and English diagnostic material but also found identifiable patterns of slight to moderate cross-cultural bias from these shifts. These findings support previous proposals of diagnostic inconsistencies between Chinese and English-speaking populations (e.g., differing identification of hyperactive and impulsive behaviors; Norvilitis & Fang, 2005). Moreover, it demonstrates that these differences continue in recent practice, as both sources (i.e., DSM-5 and ICD-11) are utilized by current clinicians. Considering the importance of cross-cultural validity in standardized ADHD care, the study's identification of translation differences highlights the possible value of translation analysis in the standardization of ADHD practice.

ADHD in China

Although China has a historical precedence of inattention "diseases," the diagnosis of ADHD, specifically its ADD counterpart, was formally

introduced as a Western concept into the Chinese medical world in 1981 (Li & Wei, 2025; Pickering & Nie, 2016). This Western-centric conceptualization and development have prompted multiple inquiries regarding ADHD's cross-cultural validity in Chinese populations (Gueorguieva, 2015). Past researchers have suggested various socio-cultural factors (e.g., Confucian values, filial piety) to account for any ADHD-related incongruencies in Chinese populations, albeit many lack rigorously tested evidence (Gueorguieva, 2015; Norvilitis & Fang, 2005; Pickering & Nie, 2016). The current study found moderate item bias favoring English manual versions by inequivalent omission of content across both sources. This is further demonstrated by the DSM-5 English version's utilization of language-specific phrases (e.g., metaphor). These findings not only expand on the limited studies of cross-cultural bias in the translation of ADHD research but also provide quantifiable indicators of Western-centricity in important Chinese resources for ADHD diagnostic guidelines. Moreover, this suggests that the diagnostic differences identified between Chinese and Western ADHD practices might reflect not only socio-cultural factors but also innate content inequivalence. Thus, through the explicit consideration of translation quality, researchers and clinicians can more comprehensively identify and improve the cross-cultural equivalence of ADHD diagnosis.

Translation Analysis

As diagnostic manuals like the DSM and ICD are vital references for ADHD diagnostic guidelines for clinicians across the world, the translation and adaptation of these resources are pivotal for facilitating globalized standardization. China's ADHD diagnosis process reflects this trend, as China-based practitioners generally reference these manuals as Chinese translations of their original English version (Li & Wei, 2025). Despite the significant role of these translated versions, the evaluation and analysis of these translations are extremely minimal. The current study attempted to explore cross-cultural evaluation through translation analysis and found multiple significant differences indicated by translation shifts. Furthermore, the identification of these translation shifts was the foundation for further qualitative analysis of cross-cultural bias. This suggests that translation analysis might not only serve as a novel indicator of cross-cultural equivalence but also as the basis for identifying patterns of cross-cultural bias in diagnostic content. Thus, although limited as a case-study level of evidence, the possible implications of translation consistency provide valuable context for further investigation of the Chinese diagnostic process. Moreover, investigating diagnostic material translation via academic inquiry broaches the underexplored field of translation research, which is vital for the

development of efficacious, cross-cultural diagnostic practice.

Limitations & Future Directions

As the current study is an exploratory case study in nature, interpretation of the results should account for several limitations. First, due to its nature as a case study, the study's sample only included 1 participant, meaning a significant lack of generalizability. This participant is also not representative of relevant populations in most translation studies, including commercial translators and bilingual individuals, which could lead to outlier or atypical identifications of translation shifts. In the future, this study could expand on this limitation by recruiting more participants with specific inclusion criteria related to translation ability.

Furthermore, this study's design is descriptive, meaning no clear relationships can be inferred beyond hypotheticals. Future studies would significantly benefit from exploring correlational or experimental research designs to draw a conclusive indication of any relationship. For example, to test whether negative perceptions of ADHD symptomatic behavior are associated with differences in Chinese translation, one could have participants complete both a self-report measure on ADHD perception and translate English diagnostic descriptions of ADHD to Chinese and observe the correlation between ADHD perception scores and the participant's translation of certain words or phrases.

Additionally, the study's translation methodology utilizes back translation, which has multiple criticisms and shortcomings, including its focus on direct textual equivalence without consideration of cultural adjustment and misattribution of discrepancy or equivalence based on back-translator error (Behr, 2017). Future studies may benefit from alternative translation methodology to create a better representation of meaning for the basis of later translation analysis. For instance, utilizing Skopostheorie (e.g., functional translation) for translation could more accurately reflect the functional meaning of the translation, reducing non-significant adjustment based on word-for-word back-translation.

The current study is also limited by outdated resources, as the current DSM source, the DSM-5, was succeeded by the DSM-5TR (i.e., DSM-5 Text Revision) in 2022, with its simplified Chinese version released in 2024. However, the DSM-5TR English version demonstrates identical or similar content in relevant sections (i.e., definition, diagnostic criteria), which could result in negligible differences in the Chinese translation between versions (see Koutsoklenis & Honkasilta, 2023 for summary of differences between ADHD section of DSM-5 and DSM-5TR). Nonetheless, future studies may benefit from utilizing recent source material (e.g., DSM-5TR)

to accurately reflect current standards of translation.

Conclusion

The current study aimed to explore possible linguistic and cultural differences between the ADHD diagnostic content in English and Chinese versions of important diagnostic resources. The results indicate the general occurrence of some translation shifts across all sources favoring modification and restructure adjustments, as well as slight to moderate suggestions of possible cross-cultural bias. These findings highlight the possible contribution of innate translation differences, suggesting the importance of translation analysis to attaining the comprehensive cross-cultural equivalence of ADHD diagnoses. Future research should expand the generalizability of translation analysis and explore conclusive indications of hypothetically proposed relationships.

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