

Rating Scales Validated for Sri Lankan Populations: 2025 Review with Emerging Insights

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Abstract

In Sri Lanka, the use of psychiatric rating scales has expanded, and many tools require cultural adaptation to ensure accuracy and relevance. We examined rating scales related to mental health and psychiatry translated, adapted, and validated for Sinhala and Tamil-speaking populations from 2020 to 2025 through a literature search of PubMed, Google Scholar, and the PGIM dissertation repository. 52 scales were identified covering a wide

range of psychosocial domains including mood disorders, neurodevelopmental conditions, stigma, resilience, and quality of life. Seven scales were developed locally to meet unique cultural and clinical needs, while five were validated for Tamil-speaking groups. Most validation studies utilized rigorous psychometric methods, demonstrating measurement properties ranging from acceptable to excellent.

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Introduction

Rating scales are essential in psychiatry and are widely used for screening, diagnosis, symptom monitoring, and research purposes. However, most of these instruments were originally developed in Western settings, and their direct use in culturally diverse populations, such as Sri Lanka, may be inappropriate without proper adaptation and validation.

Cultural, linguistic, and contextual differences can significantly influence the interpretation and reliability of psychiatric rating scales. Therefore, it is imperative that these tools undergo rigorous cultural adaptation and psychometric validation prior to their use in local clinical or research settings. The increasing integration of rating scales into routine psychiatric practice, along with the growth in psychiatric research and training, has further highlighted the necessity for locally validated instruments.

The first article of the series, “Rating Scales Validated for Sri Lankan Populations” (2013), and the subsequent update, “Rating Scales Validated for Sri Lankan Populations: An Update” (2020), were published to address this gap. The present article is the third in this series. It aims to continue this work by reviewing rating scales related to mental health and psychiatry that have been culturally adapted and/or validated for the Sri Lankan population from 2020 to 2025 in both Sinhala and Tamil.

Methodology

The methodology utilised in this review mirrors that of the previous two articles. A comprehensive search was undertaken using the PubMed and Google Scholar databases, employing the keywords: validation, rating scales, Sinhala, Tamil, Sri Lanka, validity, reliability, and psychometric properties.

All relevant peer-reviewed publications indexed in these databases and published between January 2020 and May 2025 were considered for inclusion. In addition, the dissertation registry of the Postgraduate Institute of Medicine (PGIM), University of Colombo, was reviewed to identify postgraduate studies related to the adaptation and validation of rating scales related to mental health and psychiatry.

Scales that were translated but not validated are specifically indicated. Instruments validated but not published in indexed journals, conference abstracts, and dissertations from institutions other than PGIM were excluded from this review.

Results

Scales for depression and anxiety disorders

Hospital Anxiety and Depression Scale (HADS)

The HADS is a self-administered scale that serves as a reliable tool for detecting states of depression and anxiety

in non-psychiatric hospital settings (1). It comprises two subscales, HADS-D and HADS-A, which respectively screen for depression and anxiety while excluding somatic symptoms. The scale contains 14 items, with seven corresponding to each subset. Sinhala and Tamil versions of this scale have been validated as Postgraduate Institute of Medicine (PGIM) dissertations, as mentioned in our 2013 review (2). It has been culturally adapted and validated for patients with ischaemic heart diseases (IHD) attending a medical clinic in a base hospital in Sri Lanka, and this was published in 2023 (3). Confirmatory Factor Analysis (CFA) demonstrated compatibility with the original structure, with Cronbach's alpha scores for depression and anxiety of 0.86 and 0.83, respectively, indicating good reliability (3).

Liebowitz Social Anxiety Scale (LSAS-SR)

LSAS-SR is a self-rated scale commonly used to assess social anxiety (4). It consists of two subscales, each with 24 items on fear and avoidance. The Tamil validation was administered to students of two state universities (5). At the cutoff score of 55.5, it had an optimal sensitivity of 76.6% and specificity of 74.4%. The positive predictive value was 74.95% (5). Hapangama et al. (6) validated it in Sinhala.

Screen for Child Anxiety Related Emotional Disorders (SCARED) – Child Version

The SCARED is a rating scale for childhood anxiety with parent (SCARED-P) and child (SCARED-C) versions, each comprising 41 items (7). The Sinhala translation of SCARED-C was culturally adapted and validated among adolescents in the Colombo district (8). At a cutoff of 36.5, it provided a sensitivity of 85.7% and specificity of 91.3%. The positive predictive value (PPV) was 71.3%.

Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-R2)

The PRAQ-R2 is a 10-item self-report questionnaire that focuses on pregnancy-specific anxiety related to the birth, the child, and one's own appearance (9). It was validated in a population from an antenatal clinic in a Medical Officer of Health (MOH) area of the Galle district, using concurrent validity (10) against the previously validated Sinhala version of the Pregnancy Anxiety Screening Scale (PASS) (11). The intraclass correlation coefficient (ICC) was 0.997 at a 95% confidence interval, indicating high concurrent validity (10).

Warwick Edinburgh Mental Well-being Scale (WEMWBS)

The WEMWBS measures positive aspects of mental well-being and can be used to assess mental well-being and monitor the effectiveness of health promotion activities (12). It is a self-rated scale with a 14-item long

form and a 7-item short form. It has been validated for a Sinhala-speaking population in the Gampaha district, demonstrating adequate test-retest reliability. Convergent validity was assessed using the WHO-5 well-being index, the Patient Health Questionnaire (PHQ-9), and the Kessler psychological distress scale, all showing acceptable correlation. It can be used at the population level as a programme monitoring tool to assess mental well-being and evaluate the effectiveness of interventions (13).

Brief Obsessive-Compulsive Scale (BOCS)

BOCS is a self-rated 15-item scale that assesses symptoms of Obsessive-Compulsive Disorder (OCD) and their severity (14). It is a shortened, combined version of the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) (15) and the Children's Y-BOCS (16). A Sinhala version of this scale has been culturally adapted and validated in a sample of 8 to 18-year-olds (17). With a cutoff of 0.92, it demonstrated a sensitivity of 100% and a specificity of 92%, making it a reliable tool for diagnosing OCD in children and adolescents.

Scales for stress and coping

Perceived Stress Scale (PSS)

Cohen et al.'s original PSS was a 14-item questionnaire that measures the degree to which different life situations are appraised as stressful (18). Subsequently, the PSS-10 was developed, which includes ten items in two subscales: perceived helplessness and lack of self-efficacy (19). The PSS-10 was translated to Sinhala and validated using a Sri Lankan Sinhala-speaking population with diabetes mellitus and matched healthy controls (20). It produced a good model fit with acceptable concurrent validity against a validated Sinhalese Patient Health Questionnaire (S-PHQ-9).

Perceived Stress Questionnaire 8-11 (PSQ8-11)

The PSQ8-11 is a well-established self-reported scale that measures stress levels in eight to eleven year old children (21). The original version had 19 components and two subscales: psychological and physiological stress. It was translated to Sinhala and validated in Sri Lankan schoolchildren in seven schools to develop the Modified Sinhala version, which has 20 items while maintaining the two-subscale structure (22). Confirmatory Factor Analysis (CFA) gave a satisfactory goodness-of-fit, and concurrent validity was also found to be acceptable.

Brief Resilience Scale (BRS)

The BRS, a 6-item scale designed to assess resilience, was translated to Sinhala and Tamil and validated in populations of healthcare workers who spoke the languages (23,24). Satisfactory model fit was established

for both the Sinhala and Tamil scales. Good internal consistency was found, with Cronbach's alpha of the Sinhala and Tamil BRS being 0.82 and 0.80, respectively.

Teacher Stress Inventory (TSI)

The TSI is a self-administered, Likert-type measure for 49 stress-related items that reliably measures occupational stress levels in teachers (25). The scale, which uses a two-factor model: stressors and manifestations of stress, was translated to Sinhala and validated using secondary school teachers in the Gampaha district (26). Its reliability was confirmed by good internal consistency, with a Cronbach's alpha of 0.875. It had satisfactory test-retest reliability with a correlation coefficient of 0.769-0.857.

Organisational Consequences of Occupational Stress among School Teachers (OCOST)

Occupational stress (OS) has been acknowledged as a significant public health issue with numerous negative consequences. The OCOST-Sinhala was developed and culturally validated to serve as a single tool that measures OS among secondary school teachers in Sinhala medium government schools (27). It is a self-administered questionnaire containing 45 items across seven domains: self-efficacy, work engagement, motivation, job satisfaction, enthusiasm, workload, and work performance. It has demonstrated good construct validity and reliability (Cronbach's alpha 0.92; test-retest reliability >0.7) and is recommended for use as a screening tool for OS.

Modified Caregiver Strain Index (MCSI)

The MCSI is a concise, 13-item self-administered scale designed to assess strain among informal carers (28). It covers five domains: financial, physical, psychological, social, and personal (29). Scoring ranges from 0 to 26, with higher scores indicating greater levels of burden, where a cumulative score of seven or above is considered significant. The scale was translated, culturally adapted, and validated in three teaching hospitals (30). The S-MCSI demonstrated adequate psychometric properties, being a valid and reliable tool (overall Cronbach's alpha was 0.80) for estimating the burden and stress experienced by Sinhala-conversant caregivers in Sri Lanka.

Scales for cognitive function and neuropsychological assessment

Montreal Cognitive Assessment Scale (MoCA)

The MoCA is a brief cognitive screening tool with high sensitivity and specificity for detecting mild cognitive impairment (MCI) and mild Alzheimer's Disease (AD) (31). The content was modified and translated to Tamil (Sri Lanka), and the scale was validated in a population

of Tamil-speaking Sri Lankan older adults (32). At the optimal cutoff score of 24, the scale yielded an 84.7% sensitivity and 76.4% specificity for detecting MCI.

Rey-Osterrieth Complex Figure Test (RCFT)

The Rey-Osterrieth Complex is an 18-component figure used to assess visuospatial construction and visual memory (33). It uses figure reproduction, immediate recall, and delayed recall. Demographically adjusted norms have been created for Sri Lankan adult populations and can be used for cognitive assessment (34).

Victoria Stroop Test, Digit Span, and Verbal Fluency

The Victoria Stroop Test (VST), Digit Span (DS), and Verbal Fluency tests are commonly used to assess executive function and working memory. The VST is a brief version of the Stroop colour-word test (35). Demographically adjusted norms have been created for Sinhala-speaking Sri Lankan adults for the VST, forward and backwards DS, and phonemic and categorical fluency (36).

Raven's Standard Progressive Matrices

Raven's Standard Progressive Matrices (SPM) are a series of nonverbal tests used to measure intelligence in children over six and adults (37). Age-stratified norms for Sri Lankan adults have been created (38). Significantly lower scores were noted in older Sri Lankans compared to their Western counterparts, while the difference was narrower in the younger age groups.

Symbol Digit Modalities Test (SDMT)

The SDMT measures divided attention, visual scanning, and processing speed through a straightforward pencil-and-paper substitution task involving symbols and their corresponding numbers (39). It is employed to identify cognitive impairment and monitor changes over time. Demographically adjusted regression-based norms for the SDMT pertaining to Sri Lankans have been reported (40).

Colorado Learning Difficulties Questionnaire (CLDQ)

The CLDQ is a 20-item parent-reported rating scale developed as a screening tool for learning difficulties (41). It has been translated, cross-culturally adapted, and validated in the Sinhala language using a sample of children aged six to ten years, demonstrating excellent content validity and high reliability (42).

Scales for Neurodevelopmental Disorders

Indian Scale for Assessment of Autism (ISAA)

ISAA is a semi-structured tool derived from DSM-5 and ICD-10 criteria, boasting high sensitivity for the diagnosis

of autism (43). It can be administered by trained professionals, thereby broadening its applicability. The translation into Sinhala was conducted with good content and consensual validity (44). A study carried out on a population of Sinhala-speaking children aged three to eleven years from the Colombo and Gampaha districts demonstrated strong internal consistency, as evidenced by a Cronbach's alpha of 0.927. With a cut-off score of 68, sensitivity and specificity were 95.5% and 93.4%, respectively.

Autism Treatment Evaluation Checklist (ATEC)

The ATEC is a self-administered questionnaire for parents or caregivers, designed to evaluate management outcomes in autism (45). The score is inversely proportional to the subject's improvement. It consists of 77 questions divided into four subscales. The Sinhala translation of the ATEC demonstrated high validity and reliability (46). A positive Pearson correlation of 0.856 with the consultant psychiatrist assessment confirmed strong concurrent validity. Its internal consistency, assessed by Cronbach's alpha, was 0.778. Separate cut-offs were established for mild and severe autism.

Autism Family Experience Questionnaire (AFEQ)

The AFEQ was designed to reflect the perceptions and intervention priorities of parents of children with autism spectrum disorder (ASD) (47). It measures the child's adaptive functioning, parental mental health, and parental well-being using a 48-item scale with four subscales. The cross-cultural adaptation and translation of the AFEQ to Sinhala occurred in government and private clinical settings in Sri Lanka (48). While it demonstrated excellent content validity, the reliability was reported as moderate, with a Cronbach's alpha of 0.559.

Swanson, Nolan, and Pelham-IV Teacher and Parent Rating Scale (SNAP-IV)

The SNAP-IV is extensively utilised in clinical and research environments to assess symptoms of Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD), along with overlapping symptoms of other childhood mental disorders (49). It comprises inattentive, hyperactive/impulsive, and combined subscales for ADHD diagnosis, with separate questionnaires for the primary caregiver and the teacher. The Sinhala translation and validation were conducted in primary school children, with diagnostic confirmation performed by a consultant child and adolescent psychiatrist (50). Separate cut-offs were established for the primary caregiver and teacher scales. The sensitivity and specificity measures for the primary caregiver scale

were 93.0% and 83.7%, respectively, while the sensitivity and specificity for the teacher scale were 81.4% and 73.7%.

Scales for substance use and addictive behaviours

Internet Gaming Disorder Scale (IGDS9-SF)

The IGDS9-SF is a brief self-report scale based on the nine diagnostic criteria for Internet Gaming Disorder (IGD) outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (51). It can be utilised to assess the severity and consequences of IGD in both online and offline gaming activities over the past 12 months. Although not developed as a diagnostic tool, a cutoff score of 36 points assists in differentiating between users with and without IGD. The IGDS9-SF has been validated in a sample of Sri Lankan university and Advanced-Level students and has been found to be reliable for assessing IGD in Sri Lankan youth (52).

Internet Addiction Test (IAT)

The IAT is a self-administered instrument lasting 10 minutes, comprising 20 items designed to detect compulsive Internet use among adults and adolescents (53). Scores can reach a maximum of 100 points, with higher scores indicating a greater intensity of Internet addiction. The IAT-Sinhala version was validated in a sample of adolescents aged 15 to 19 years. The four identified elements aligned with the factor structure of the original IAT and demonstrated acceptable reliability for detecting Internet addiction in Sri Lankan populations (54).

Drug Abuse Screening Test (DAST)

The DAST-10 was developed from the original 28-item Drug Abuse Screening Test (DAST) as a brief tool for screening in various settings (55). The 10-item DAST-10 is widely used for assessing severity as well as for screening. Cultural adaptation of the DAST-10 resulted in the 9-item modified DAST-SL, Sinhala version, which was validated among people who use drugs in the Kandy district (56). A cutoff value of ≥ 2 demonstrated the presence of substance use disorder, with a sensitivity of 98.7% and specificity of 91.7%. Higher scores correlated with greater drug use severity.

Betel Quid Dependence Scale (BQDS)

The BQDS is a self-report tool designed to screen for and measure betel quid dependence (57). This 16-item scale was translated to Sinhala, cross-culturally adapted, and validated in the Kalutara district as a component of a community dentistry dissertation (58).

Scales for mindfulness and emotional Intelligence

Schutte Self-Report Emotional Intelligence Test (SSEIT)

Schutte et al. developed the SSEIT, a 33-item self-report scale based on the emotional intelligence (EI) model devised by Salovey and Mayer (59). The components of EI assessed include emotion usage, self-relevant emotion management, emotion perception, and further aspects of emotion management. It was translated to Sinhala and culturally validated in a sample of nursing undergraduates from Kotelawala Defence University in Sri Lanka, demonstrating high content validity. It has been reported as a reliable tool for measuring EI in that population, with a reliability coefficient (Cronbach's alpha) of 0.963 (60).

Toronto Empathy Questionnaire (TEQ)

The TEQ is a self-report scale that measures empathy as a primarily emotional process (61). It has 16 questions and is easily administered. The scale translated to Sinhala, was cross-culturally adapted among nursing students in Sri Lanka to provide a valid and reliable tool for evaluating empathy levels (62). The study yielded maximum content validity for all the individual items and acceptable reliability with a Cronbach's alpha of 0.732.

Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF)

Trait EI is a stable set of skills or personality characteristics related to EI developed by Petrides in 2009 (63). It is a 30-item self-report scale translated and culturally adapted to Sinhala with good content validity (64). It can be validated for Sinhala speakers by future researchers and used in the Sinhala-speaking population.

Trait Emotional Intelligence Questionnaire – Child Form (TEIQ-CF)

The TEIQ-CF comprises 88 short statements and was developed for children aged eight to twelve (65). It was validated in a sample of Sinhala-speaking middle and late childhood school children with CFA. It confirmed a two-factor structure and good internal consistency with a Cronbach's alpha score of 0.75 (66).

Self-Compassion Scale – Short Form (SCS-SF)

The SCS by Neff is a 26-item scale composed of six subscales: Self-Kindness, Self-Judgement, Common Humanity, Isolation, Mindfulness, and Over-Identification (67). The SCS-SF is a shorter form with 12 factors (68). Its easier administration and usefulness have promoted the translation and validation of the SCS-SF into the Sinhala language. It was found to possess good psychometric properties, including content and

consensual validity as well as construct validity (69). It also demonstrated favourable internal consistency. However, through factor analysis and cultural adaptation, it was suggested that the scale should be utilised in Sri Lankan populations without the domain of self-judgement due to normative cultural practices.

Five Facet Mindfulness Questionnaire (FFMQ)

The FFMQ was developed by Baer et al. using five independently created self-report mindfulness questionnaires (70). Five factors were identified, encompassing the facets of observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience, all of which were included in the FFMQ. The FFMQ was translated into Sinhala, and its psychometric properties were assessed using a sample of Buddhist nurses from four hospitals (71). The original five-factor structure exhibited a poor fit. Consequently, a 20-item short form with six facets was developed, as proposed in several previous studies. This demonstrated an excellent CFA model fit. The internal consistency of the 20-item scale was also satisfactory, with a Cronbach's alpha of 0.7.

Mindful Attention Awareness Scale (MAAS)

The MAAS by Brown and Ryan has 15 items that assess individual differences in mindful states over time (72). This self-report scale has been able to discriminate between groups expected to have different levels of mindfulness. It was translated to Sinhala and circulated online among a sample of state university undergraduates for validation (73). Acceptable psychometric properties were shown, and it can be used to measure mindfulness in Sinhala-speaking populations.

Scales for social support and quality of life

Low and Middle-Income Countries Social Capital Assessment Tool for Maternal Health (LSCAT-MH)

Despite its significance to maternal health, social capital is seldom assessed in perinatal populations of low- and middle-income countries (LMICs). This scale was developed based on the World Bank Social Capital Assessment Tool (74,75). It comprises 24 items with a four-factor model: (i) neighbourhood networks, (ii) domestic and neighbourhood cohesion, (iii) social contribution, and (iv) social participation. It was translated to Sinhala and validation studies were carried out involving pregnant women from urban, rural, and resettled populations in the Anuradhapura district. The LSCAT-MH exhibited high internal consistency, with a Cronbach's alpha of 0.94. Concurrent validity was evaluated through a negative correlation with the Edinburgh Postpartum Depression Scale. The LSCAT-MH demonstrated high test-retest reliability, with an intraclass correlation of 0.71 and a Pearson correlation of 0.83.

Quality of Work Life Scale-Elderly (QoWLS-E)

The quality of work life (QoWL) for elderly workers is becoming increasingly significant due to the rise in elderly populations and their involvement in the workforce. The QoWLS-E was developed in Sri Lanka in English through a literature search and expert opinion (76). The subsequent Sinhala translation was culturally adapted and validated for workers aged 60 years and above in Colombo, Sri Lanka. The scale comprises 35 items across 9 domains: physical health, psychological, welfare facility, safety, job content, co-worker, supervisor, flexibility, and autonomy. It was found to be valid and reliable within the specified population. Confirmatory Factor Analysis (CFA) supported the two-factor structure, while reliability data indicated a Cronbach's alpha of 0.77 and test-retest reliability of 0.82.

Dementia Specific Quality of Life (DEMQOL) and DEMQOL-Proxy Tools

DEMQOL and DEMQOL-Proxy are widely utilised in clinical and care settings to assess health-related quality of life in individuals with dementia (77). DEMQOL is self-reported by the person with dementia, consists of 28 questions, and is suitable for individuals with mild or moderate dementia. The DEMQOL-Proxy is reported by a family carer and can be administered at all stages of dementia. The two instruments are used in conjunction. Both scales have been translated into Sinhala, and the psychometric properties were examined in dyads of patients with mild to moderate dementia and their primary caregivers at psychiatry clinics in the Gampaha district (78). All items demonstrated good judgment validity and item convergent discriminant validity. The reliability of both scales was satisfactory.

Subjective Happiness Scale (SHS)

The SHS employs a "subjectivist" approach to quantifying happiness (79). It consists of a four-item, self-report scale, with each item rated on a seven-point Likert scale, demonstrating good to excellent reliability in measuring subjective happiness. The content-validated Sinhala translation was tested on a population of Sri Lankan undergraduates, where the reliability assessment using Cronbach's alpha yielded an alpha value of 0.71 (69).

Scales for functional assessment

Katz Index of Activities of Daily Living

The index of Independence in Activities of Daily Living (ADL) by Katz et al. is frequently used in rehabilitation settings and has numerous applications for ageing individuals in all contexts (80). Its sensitivity to changes makes it useful for monitoring progress, and non-professionals can also utilise it. The Sinhala translation

was validated through a cross-sectional study that included both medical clinic patients and community-dwelling individuals over the age of 65 years from the Southern province of Sri Lanka (81). The Sinhala version demonstrated good internal consistency (Cronbach's alpha of 0.82) and test-retest reliability. Strong concurrent validity was observed when compared with the Sinhala version of the 10-item Barthel index (BI), and moderate correlations were noted between the Katz index and performance-based physical functions.

Duke Activity Status Index (DASI)

The Duke Activity Status Index (DASI) is a brief, 12-item, self-administered questionnaire widely used to measure functional capacity (82). The DASI was translated into Sinhala and culturally adapted to produce the 12-item DASI-S (83). It was administered to preoperative patients in two tertiary care hospitals in the Western Province and demonstrated good internal consistency with a Cronbach's alpha of 0.861. Concurrent validity with the 10-item physical functioning subscale of the 36-item Short-Form Health Survey (SF-36) was also established, showing a positive correlation, thereby making it a valid and reliable tool for use in the Sri Lankan setting.

Scales for Stigma and Mental Health Literacy

Vignette-Based Questionnaire to Assess Help-Seeking Intention, Stigma and Perception Regarding Peripartum Depression

This tool, designed by Amarasinghe and Agampodi, contains a self-report questionnaire based on a case vignette. The case was developed using the Diagnostic and Statistical Manual V (DSM-5) and the International Classification of Diseases 10 (ICD-10) diagnostic criteria for depression and survivor stories (84). It aims to assess stigma and perceptions regarding peripartum depression. The Sinhala tool was validated among pregnant women and is expected to facilitate culturally tailored health promotion activities. The study is currently available as a preprint.

Opening Minds Scale for Healthcare Providers (OMS-HC)

The OMS-HC 15 is a self-report questionnaire that utilises a three-factor model to assess potentially stigmatising attitudes and behavioural intentions of healthcare providers towards individuals with mental illness (85). It was translated into Sinhala and culturally adapted through confirmatory factor analysis (86). The questionnaire was validated in a sample of medical students at the University of Colombo, demonstrating reasonable internal consistency. The study is accessible at the PGIM dissertation repository.

Mental Health Literacy Scale (MHLS)

The original MHLS is a 35-item scale-based assessment that measures knowledge and beliefs about mental disorders. Higher scores indicate higher mental health literacy (87). The Sinhala and Tamil translations underwent face and content validation through a multidisciplinary panel, and concerns were addressed. When administered to selected university students, test-retest reliability values were excellent for both MHLS-S and MHLS-T (88). The study is accessible at the PGIM dissertation repository.

Other Scales

Abnormal Involuntary Movement Scale (AIMS)

The AIMS is a widely used measure of Tardive Dyskinesia (TD) that can be administered by any trained healthcare professional in clinical and research settings (89). To facilitate its use by non-medical clinicians, it was translated into Sinhala and validated in a sample of outpatients at the North Colombo Teaching Hospital (90). The findings were compared to assessments for TD by a psychiatrist using DSM-5 criteria. The sensitivity and specificity of the AIMS Sinhala version in detecting TD were 67% and 84%, respectively. The scale demonstrated moderate criterion validity.

Spiritual Needs Assessment for Patients (SNAP)

Spiritual support enhances the quality of life for patients. The Spiritual Needs Assessment for Patients (SNAP) questionnaire evaluates the spiritual needs of patients across three domains: psychosocial, spiritual, and religious (91). It was translated from English to Sinhala and validated using a sample of volunteers with cancer from three state-run cancer care institutes (92). It was determined to be valid and reliable for measuring the spiritual needs of Sinhala-speaking individuals with cancer.

Penn/RESIST/Peradeniya Competencies (PRPC) Scale

The meaning of resilience, or the ability to adapt and function well in adversity, varies significantly according to the cultural context. To assess adaptive functioning in the Sri Lankan context, the PRPC Scale was developed using qualitative data obtained from war-affected Sri Lankan Tamils (93). The scale comprises a three-factor structure: religious faith, community respect, and family responsibility. Following three consecutive studies on three separate samples, the PRPC scale was found to be a valid and reliable measure of adaptive functioning among war-affected Sri Lankan Tamils.

Sinhala version of the Adolescence Sense of Coherence scale

The Sense of Cohesion is a central concept in health promotion and well-being. Antonovsky developed the

Sense of Cohesion Scale (SOC) for English-speaking populations as a 13-item self-report questionnaire that assesses sense of cohesion under three domains: comprehensibility, manageability, and meaningfulness (94). The SOC was translated into Sinhala and validated in a sample of 15-year-old Sinhala-speaking students (95). During cultural adaptation and validation, the scale was modified to include five items with at least one item from each domain. The model fit was adequate, with acceptable construct validity. It demonstrated moderate reliability in internal consistency (Cronbach's alpha = 0.63) and test-retest reliability (Spearman r correlation coefficient = 0.65).

Long-term Difficulties Questionnaire – Youth Version (LTD-Y)

The LTD-Y is a self-reported questionnaire developed in Sri Lanka to identify stressors affecting the physical and psychological well-being of adolescents (96). It comprises four sections: (i) demographic information, (ii) daily stressors and social support, (iii) trauma exposure measures, and (iv) measures of current psychological problems. The LTD-Y consists of 10 items and was developed by modifying the original Long-term Difficulties Questionnaire for adults (97). It was translated into Sinhala, and the validation study was conducted with a sample of schoolchildren aged 12-16 years, including those exposed to the Tsunami of 2004. It demonstrated excellent internal consistency (Cronbach's alpha = 0.79), adequate concurrent validity, and can be used to screen Sri Lankan youth for long-term stressors.

Begley and Glacken's Assertiveness Scale

The 28-item, self-rated Begley and Glacken's Assertiveness Scale measures the perceived level of assertiveness among nursing students (98). It was translated to Sinhala and cross-culturally adapted (99). All items were retained with minor modifications, maintaining maximum content validity. The reliability analysis indicated good internal consistency of Cronbach's alpha of 0.753.

Type D Personality Scale (DS-14)

Type D, or "distressed" type personality, is a risk factor for ischaemic heart disease (IHD) and is linked to a poor prognosis. The Type D Scale (DS-14) assesses a person's level of distress in the domains of Negative Affectivity (NA) and Social Inhibition (SI) (100). The scale was translated into Sinhala with minor revisions and was administered to a sample of patients diagnosed with IHD at a Base Hospital (101). Confirmatory factor analysis demonstrated full conformity with the theoretical two-factor model. The internal consistency was deemed acceptable, with Cronbach's alpha values of 0.93 and 0.88 for the NA and SI subscales, respectively.

Interpersonal Communication Assessment Tool (IPCAT)

Interpersonal communication (IPC) is a core competency required of health care workers and includes verbal and nonverbal communication skills. The IPCAT was developed and translated to Sinhala to assess the IPC skills of Public Health Midwives (PHMs) in Sri Lanka (102). It is an observer-rated scale with excellent inter-rater reliability and acceptable validity. The five-factor model generates 22 items: engaging, delivering, questioning, responding, and ending.

Maslach Burnout Inventory – General Survey (MBI-GS)

Burnout, being a leading negative contributor to occupational well-being, has been recognised as an important area of assessment among military personnel. The MBI-GS is a brief, widely applicable self-report questionnaire comprising 16 items divided into three scales (103). The MBI-GS was adapted, translated into Sinhala, and validated in a sample of army personnel attending routine examinations at the Army Hospital, Colombo (104). The factor structure was modified from three scales to two. Criterion validity was established against diagnoses made by a consultant psychiatrist. At a cutoff point of 28.5, the sensitivity and specificity for identifying burnout were 92.3% and 87.9%, respectively. Internal consistency was assessed as acceptable or above for all scales (Cronbach's alpha value greater than 0.7).

Parental Monitoring Scale (PMS)

As adolescents confront society independently for the first time, parental monitoring is regarded as a vital parenting practice that diminishes engagement in risky behaviours. The Parenting Monitoring Scale (PMS) is self-reported by the adolescents and is used to gauge their perception of parental monitoring (105). The PMS was translated into Sinhala and validated among 14- to 16-year-old government school students in the Denuwara Education Zone (106). The validated tool comprises 23 items within a four-factor structure, featuring acceptable fit indices. Its reliability was satisfactory, with a Cronbach's alpha of 0.89.

Discussion

Between 2020 and 2025, 52 rating scales were culturally adapted and/or validated for use among Sri Lankan Sinhala and/or Tamil populations. These scales spanned a broad range of domains, including common psychiatric disorders (e.g., depression, anxiety, OCD), neuro-developmental disorders (e.g., autism, ADHD), cognitive and neuropsychological functioning, stress and resilience, quality of life, caregiver burden, stigma, emotional intelligence, mindfulness, and substance use.

Of the 52 reviewed scales, 5 were validated in Tamil, either as Tamil-only tools or as bilingual Sinhala-Tamil versions.

Three scales were retrieved from Postgraduate Institute of Medicine (PGIM) dissertations, and one scale was available as a preprint. A total of seven rating scales validated between 2020 and 2025 were locally developed in Sri Lanka. These tools were designed to address specific cultural, social, or clinical needs within the Sri Lankan context and include instruments such as the Long-Term Difficulties Questionnaire – Youth Version (LTD-Y), Organisational Consequences of Occupational Stress Tool (OCOST), and Penn/RESIST/Peradeniya Competencies Scale (PRPC).

The methodological quality of the validation studies was generally strong, with widespread use of confirmatory factor analysis, internal consistency measures (often with Cronbach's alpha > 0.7), and test-retest reliability assessments.

Limitations

While this review provides a comprehensive update on rating scales validated for Sri Lankan populations, several limitations must be acknowledged: We have excluded validations that were completed but not published in peer-reviewed journals or the PGIM dissertation repository, which may have resulted in an underestimation of the actual number of culturally adapted tools in use. Some studies that fell outside the search terms may have been omitted, as the search strategy relied on English-language keywords and may have overlooked relevant Sinhala or Tamil publications not indexed in the databases examined. Only studies indexed in PubMed, Google Scholar, and the PGIM dissertation registry were included. Validations presented solely at conferences or in dissertations from other institutions were not accounted for. There was variability in the rigor of validation procedures. While many studies employed confirmatory factor analysis and reported reliability metrics, others provided limited psychometric data, making direct comparisons across scales problematic.

Conclusions

The increasing number of tool validations reflects the increasing research being undertaken in Sri Lanka and the appreciation of the importance of validating tools for local settings. Using validated tools in clinical and research contexts indicates a growing commitment among Sri Lankan researchers to adopt psychometrically sound and contextually appropriate instruments.

Nonetheless, gaps persist, particularly in Tamil-language validations and standardising psychometric reporting. Continued interest in validation studies, especially for underrepresented populations and languages, is crucial to enhancing mental health care and research in Sri Lanka.

Future efforts should also concentrate on publishing locally developed tools in peer-reviewed formats to increase their visibility and adoption both nationally and internationally.

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