Reviewer's report

Title: Comparison of two instruments for measurement of quality of life in clinical practice - A qualitative study

Version: 1
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Reviewer: Anne Hickey

Reviewer's report:

The focus of this paper is a very interesting one that contributes uniquely to the literature on assessment of quality of life (QoL) in clinical settings. The study uses an established measure for assessing QoL from the perspective of the individual - the SEIQoL-DW - and a variant of this measure - the SEIQoL-DR, that assesses disease related QoL.

The paper uses a qualitative method to explore the thinking behind nomination of important life areas by patients in clinical settings using these two methodologies. The specific clinical group is a group of 40 patients with cancer of the GI tract. In each case, participants completed the DW version before the DR version of SEIQoL. The method used to capture thought processes was either a "think aloud" method or a retrospective "cognitive" interview. Study participants were not randomly allocated to these methods, but equally distributed based on gender.

This study is well conceived and poses a very interesting question that is well defined. The methods are appropriate and well described. The data was managed through transcription and analysis using qualitative data analysis software.

Compulsory Revisions:

The results and discussion sections need to be more clearly presented.

1. There is inconsistent presentation of qualitative data throughout the results - some presented within the text, more presented in italicised and indented format, some indicating participant number, others not. Each quotation should be presented in italics, indented, and clearly indicate the participant number, and ideally the participant's gender and whether in the "think aloud" or retrospective interview group.

2. The focus of the paper is to compare and - perhaps more importantly - contrast the findings resulting from application of the two versions of SEIQoL. In order to achieve this, similar information from both methods should be provided in the results section. For example, under the "relationship" heading in the Results section, details of the thinking behind nominating this domain are provided, with quotes (albeit both from the same participant), for the DW version, but a similar level of detail is not provided for the DR version, making it very
difficult for the reader to assess the comparability of the two sets of findings. This is a consistent problem in presentation of the study findings and needs to be addressed.

3. Much of the Discussion section reiterates the results section, and the analysis of the findings of this study is rather generic. There is an extensive existing literature comparing measures of QoL and HRQoL, detailing the advantages and disadvantages of both approaches. The discussion of the findings of this study does not make clear how these study findings add to this existing literature. The recommendations for health care personnel derived from the discussion of QoL and HRQoL assessment (second last paragraph of the Discussion section) are vague and need to be made more explicit.

4. The domain of "physical activity" is discussed at the end of the second paragraph of the Discussion section. It is very unclear what the authors mean by the points they make. In the next paragraph,

5. it is not clear from the presentation of results that participants' identification of financial difficulties as a domain indicated these participants "being penniless" - referring to this domain in this way seems rather flippant in the discussion of findings relating to this domain.

6. Later in this third Discussion paragraph, dealing with the "mental strength" domain, the discussion of "protecting factors" is very non-specific and makes only very superficial reference to an area where there is also considerable literature - this could have been much better utilised in this discussion point.

Overall, the Discussion section in particular would benefit from significant re-writing, with consistent presentation of findings, and more in-depth relating of the study findings to what is already established in the literature.

Minor essential revisions:
Correction of spelling/grammar, for example:
1. Line 1, Background - 'Measurement OF...'
2. Methods: SEIQoL-DW - last line - 'have BEEN shown....'
3. Methods: Procedures and analysis, paragraph 3 - 'A phenomenographic approach, which EMERGED.....'; same paragraph, final line - '...cues among GI-cancer patients WAS LIKELY TO HAVE BEEN covered'.
4. Results: Health - mid-second sentence needs correction
5. Results: Physical activities - 'Reflecting ALOUD...'
6. Discussion - paragraph 3 - '..more calm and more MENTALLY strong......'
7. Discussion - paragraph 5 - '..had to be excluded due to the participant EXPERIENCING......'

Discretionary revisions:
1. A total of 200 life areas were nominated by 40 participants, yielding 200 life areas for both methods of assessment. These reduced to 11 domains in each
case. It would be useful to include an appendix listing the life areas captured by each domain.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests