Reviewer's report

Title: A self administered reliable questionnaire to assess lower bowel symptoms

Version: 1 Date: 24 November 2007

Reviewer: David Cade

Reviewer's report:

General

This paper has value as it confirms what has previously been published but in a different manner. The essential conclusion is that if a patient is given a questionnaire with specific questions on their own symptoms they are likely to answer the questions in the same way 2 weeks later. Furthermore if these same questions are asked by a doctor the results are remarkably similar to the answer written by the patient.

A comprehensive bowel symptom questionnaire was used in a study by Selvachandran et al in 2002 (1) of which I was a co-author, with similar questions to those on the questionnaire used by these authors. These symptoms were benchmarked against the diagnosis of cancer. Sensitivity, specificity, positive predictive values and relative risk were assessed for individual symptoms and emphasis made on combinations of symptoms (weighted numerical score). This is validation.

Unfortunately a useful contribution to the undoubted place for symptom questionnaires has, by a process of semantics, diminished its impact by failing to give a balanced discussion and review of appropriate literature.


Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1 The authors use the terms "reliable" and "validated" incorrectly and by so doing claim that there are no "validated" questionnaires and therefore imply that they have something original. By using this subterfuge they have avoided discussion of previous work. Reliability is a measure of comparison of one thing with another with a degree of robustness; validity needs a gold standard to benchmark against.

2 By comparing patients in the same group at a 2 week interval they have performed an "internal correlation". These 2 cohorts are "dependent" and therefore it is hardly surprising that agreement has a high kappa value. Kappa
value is a measure of "independent" cohort agreement and therefore it is reasonable to derive a kappa value just for the patient/doctor assessments of the questionnaire. For this assessment Cronbach's alpha is recommended for internal consistency of the questionnaire without that the data cannot be relied on.

3 An adequate discussion is required as detailed in the general comments. References and discussion should include a paper Hodder et al 2005 (2)


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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

We should know when the patients filled in the questionnaire, especially if it was filled in in the waiting room whilst awaiting to see the doctor. In these circumstances patients are distracted and accuracy is compromised.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Acceptable

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

Declaration of competing interests:

I was a co-author of the papers that I feel should have been discussed.