Reviewer's report

Title: Limited Knowledge of Chronic Kidney Disease Among Primary Care Patients - A Cross-sectional Survey

Version: 1 Date: 21 December 2011

Reviewer: Laura Plantinga

Reviewer's report:

Wai Leng et al. explore knowledge of chronic kidney disease among primary care patients without existing CKD or ESRD in Singapore using a 7-item cross-sectional survey. They found that knowledge was generally low and that older, poorer, less educated, and non-professional patients were less likely to score well. While interesting, the limitations of this survey should be emphasized and the results should be considered preliminary.

Major Compulsory Revisions

1. The most important limitation of the study is that lack of information on the validity (besides face validity from expert opinion) and reliability of the survey. If the authors have information on this it should be presented; otherwise this should be the main limitation stated and all conclusions tempered.

2. Only 0.1% got all 7 items correct. While this could represent actual levels of knowledge in the population, it could also indicate problems with the survey. Did the people who scored 7/7 differ in any way, or is the subsample too small to determine this?

3. The question on symptoms of CKD could be misinterpreted---for example, wouldn’t blood in the urine and back pain be symptoms for a person with polycystic kidney disease (if not CKD in general)? How many of those who missed this question answered “all of the above”? If they answered “all of the above” they might be considered aware that CKD could present with no symptoms (if misguided on some of the other symptoms). Did you look at what happens to the results if you consider these persons to be aware that CKD may be symptomless?

4. What is the rationale for dichotomizing the scores? Did the authors consider presenting mean scores overall and by patient characteristics, which would provide more power and might reveal interesting patterns that median scores do not?

5. Also, did the authors consider looking at individual items to see what predicted correct responses? Perhaps the 20% who did not know the kidneys filter waste products are very different from the 80% who did not identify “CKD can be cured with medications” correctly, since the items vary in difficulty. This type of analysis would provide richer information on CKD knowledge in the population.

Minor Essential Revisions
6. Why do the authors present old USRDS figures in the introduction? Unless they are trying to match to the Singapore data (in which case they should state this), they should update to the 2011 report data available now.

Discretionary Revisions

7. It might be good to add a figure showing % correct for each question, in addition to distribution of total scores.

**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