Reviewer’s report

Title: Perceived quality of life of patients one year after stroke in general practice - Recommendations for quality aftercare

Version: 1 Date: 11 March 2010

Reviewer: Jorunn Drageset

Reviewer’s report:

Background
There are missing literatures regarding the importance of the study. You describe that it is important, but do not have any relevant literature that shows that? Unclear purpose. Was not the data from the study compared with the general population? Move the last 6 sentences (last paragraph p. 5) before purpose.

Methods
Write more clearly in other sections regarding when the data was collected first time. Were all patients without cognitive impairment? Could all give their consent to participate? Did some patients have diagnosed of dementia? Was all the patients interviewed by one person face to face?

Barthel index
Some places SF-36 is called Qol and elsewhere HRQOL? SF-36 was developed as a health goal? I miss references of Ware. How is the SF-36 measured? A total score? (Cf table (mean), unclear)

HADS
Changes in habits-description of this section unclear

Statistics
The descriptive statistics. Unclear what is meant with "no correction for multiple testing".

Results
Low number, I miss the response rate. Regarding functions; The last 4 sentences are too strong according to the analysis method. It is also to much explanatory information – put it in the discussion

In the heading you call it HRQOL and in the text you call it QOL? . It is described as health-scale. Table 3 is unclear, where are the values from the Dutch population?

Discussion
Second paragraph, The more patients are ADL dependent .... .. I miss reference. p. 14. HRQOL is high, relative to what?

First paragraph p. 15, may it be due to low n? other factors that may interfere??

Method Criticism?
S 17 to make "major collector Generalization" You cannot generalization due to the sampling procedure.

Conclusion
Regarding "Provide insight into well-being", I think your conclusions are overstated. Further, "Physical functioning and QOL are reasonably good", what is good?
I think that it is for strong conclusions, do to the low n (57), and the statistical procedure.

Tables:
Table 2, the heading is unclear (what means with "different variables"?) What means with BI? Why are not the variable "visiting" present with "in more"?
Table 3 is confusing, where are the values from the Dutch population?

Summary:
1. Insufficient problem statement.
2. Methods is not described in detail.
3. Over interpretation of results.
4. Incomplete statistics.
5. Confusing presentation of data in tables or figures.
6. Conclusions not supported by data.