Author's response to reviews

Title: A Systematic Review of the Psychometric Properties of Quality of Life measures for primary school aged children with Cerebral Palsy

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Author's response to reviews: see over
Dear Dr Good,

Re: MS 2035405607328952 A systematic review of the psychometric properties of Quality of Life measures for school aged children with cerebral palsy.

Many thanks for the helpful feedback provided to us in response to the aforementioned manuscript.

Below is a point-by-point response to the comments made by both reviewers of the manuscript. We hope the described changes adequately clarify the raised points and ensure that the document is both easily readable and able to be applied in clinical practice.

**Reviewer 1:**

No further changes suggested.

**Reviewer 2:**

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<tr>
<th>Comment</th>
<th>Response</th>
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<td>1. Comparison with children in the general population is now based on three studies, ref. 3-5.</td>
<td>1. &amp; 2. Regarding comparison of quality of life of children with cerebral palsy to their typically developing peers, a generic outcome measure must be used. We confirm that KIDSCREEN is a suitable generic tool based on WHO definitions and domains of QOL decided by typically developing children and have referenced the original work by Ravens-Seiberer for the KIDSCREEN.¹</td>
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<td>2. It would be beneficial to have references from studies based on generic instruments reflecting the WHO’s definition of quality of life for example by including domains of quality of life decided by the children themselves (for example Kidscreen – and for CP specific</td>
<td>We have referenced KIDSCREEN in the second paragraph where we refer to generic tools. We have not referenced a 2008 study comparing the quality of life of children with...</td>
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29th of September, 2010
instruments CP QOL). Especially since studies based on this type of instruments might have conclusions conflicting with the already mentioned studies.

A 2008 study comparing the quality of life of children with cerebral palsy to their typically developing peers which utilised the KIDSCREEN\textsuperscript{2} which concluded that children with cerebral palsy had equal quality of life to their typically developing peers.

As the KIDSCREEN is a generic measure it does not provide the opportunity for children with cerebral palsy to provide information on important aspects of life which have been identified as important to them from thematic studies during the development of CP-QOL, for example, physical health, interaction in the community, a supportive physical environment and bodily pain, amongst other domains.\textsuperscript{3} This review therefore highlights how condition specific measures are more able to report the broad domains of QOL for children with CP.

2. Modification of the CanChild rating form is now described. Although I still do not understand why self-completion of questionnaire was not chosen as example of “clinical utility”.

Clinical utility can be described as ease of interpretation, feasibility, and how acceptable the measure was to assessors and respondents. Details regarding the availability of a child self-report have been detailed in Table 4; though no direct assessment of the outcome measures were made on this basis. Information has been obtained and compiled so that clinicians are able to assess the aspects of the measures most relevant to their given work.

We hope that these changes meet the standards required for publication in BMC Pediatrics. Please do not hesitate to contact us if you have any further questions or points of clarification.

Yours gratefully,

Stacey Carlon  Nora Shields  Roslyn Boyd
