Reviewer's report

Title: Development and psychometric properties of a five-language multiperspective instrument to assess clinical decision making style in the treatment of people with severe mental illness (CDMS)

Version: 1 Date: 28 November 2012

Reviewer: Audra Ames

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Major Compulsory Revisions:

1. Abstract: The research question is not clearly defined in the abstract.
2. Abstract: It may be problematic to claim that the CMDS “measures general and specific preferences for decision making” as it is noted later that the findings suggest the CDMS is more effective with “general aspects of decision making style”. The authors may want to consider removing the words “and specific”.
3. Methods: When discussing the measures, the CDMS-P is highlighted, but the CDMS-S is not. The CDMS-S is only mentioned in addition to the CDMS-P during statements that refer to both “patient and staff versions”. The authors could consider adding more information on the CDMS-S. Additionally, two items from the CDIS scale are highlighted along with the STORI, but there is no connection made as to whether these items are also subscales to the CDMS or used in the development of the CDMS subscales. The sentences containing information about these items are fragments, which could be attributing to the problem. Discussion of the relevance of these items to the development of the CDMS or CDMS subscales is needed.
4. Methods: There is no inclusion or exclusion criteria highlighted or defined for staff participants.
5 Results: Only the patient sample is highlighted, while the staff sample is just referred to in Table 2. More about the staff, sample size, qualifications, etc. should be discussed in this section.
6. Discussion: Reliability of the IN subscale is highlighted, while the PD subscale is only briefly mentioned. More information on the findings and analysis of the PD subscale should be discussed in this section.
7. Discussion: There are several limitations of this study that should be addressed. Test-retest reliability should be examined over longer and shorter intervals than bi-monthly assessments to strengthen reliability claims. Validity is difficult to examine because of individual patient decision-making styles, but this report should not make the claim that the CDMS measures validity based on weaknesses in the findings associated with convergent validity. Also, there seem to be a few weaknesses in sample generalizability. In the instrument development, convenience samples were chosen as participants of the focus...
group. Due to this, the samples may not truly reflect the mentally ill population, especially because of the size of the focus groups. Furthermore, it is suggested that the staff were also chosen conveniently, and therefore the staff focus groups could reflect the same problem. Finally, the authors may want to consider noting that future studies could sample other populations containing native speakers of the 5 languages.

Minor Essential Revisions:

1. The Background section should be labeled as the Introduction section.
2. The Appendix should be placed behind the Reference section.
3. Abstract: the methods paragraph, “Person correlations” should read “Pearson correlations”.
4. There are grammatical, punctuation, and organizational problems throughout the manuscript.

Discretionary Revisions:

1. The authors should consider including operational definitions for all items.

**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