Reviewer's report

Title: Chronic disease knowledge and its major impact factors among chronically ill adults in rural area of Shanxi province in China: a cross-sectional study

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Reviewer: Zhaorui Liu

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Major Compulsory Revisions

1. The author argued the increase of the knowledge of chronic disease (CD) can contribute to the prevention of the CDs. However, all of the information was from patients. They don't know the situation of non-patients. Only when the results showed the level of CD knowledge among normal control group was higher than the patients group can a conclusion be made like that.

2. Again, a cross-sectional study only on CD patients cannot fully answer the second and the third questions pointed out by the authors, because lack of a normal control group. I assume that the authors wanted to answer the questions only among residents with CDs, rather than all the rural residents. Please limit the population in the statements.

3. In the 'Methods' session, authors mentioned the participants were randomly selected from 36 villages. Please provide more details to explain how the selection was carried out.

4. In the 'Methods' session, authors mentioned the cut-off point (50%) was determined by NAHPF. However the cited reference (article published by Zu JC at Chin J Dis Control Prev 2010, 14(8):745-747) was a qualitative study and no information on cut-off point was mentioned in the paper. Another cited reference from the webpage (http://www.moh.gov.cn/publicfiles/business/htmlfiles/zwgkzt/psqws/200804/18206.htm) either showed no clearly cut-off point. There is a sentence on the webpage says ‘The expected awareness rates of basic health knowledge among rural residents are 80%, 70% and 60% in eastern area, central area and western area respectively.’ I recommended the author consider the cut-off point according to this quotation, if no other literature can be found.

5. There is a limitation should be mentioned in the 'Discuss' session. Because the patients were identified by self-report, it was impossible to find out those undetected hypertension or diabetes patients. How do you think the fact above will influence your results?

6. In the 'Discuss' session, the authors said ‘more than 80% of clinics are privately run’. I checked the reference 28th (China health statistical yearbook 2010) and found it is not true for village clinics. The term ‘clinic’ used in the
statistical yearbook means the clinics not only in rural area, but also in urban area, and the term ‘clinic’ is different as the term ‘village clinics’ in this study. I think it should be 4539 out of 36552 village clinics (12.4%) are privately run.

7. There is no direct evidence to show the owners in private clinics focus on profits and overlook the supply of public health services for farmers. Similarly, reference 30th can not support the argument of doctors pay more attention to obtain direct economic benefits than to provide public health care services. I don’t think the original statements in the paper are appropriate.

Minor Essential Revisions
1. In the second paragraph of Method session, the authors wrote: ‘Items and response choices were read to those participants who had difficulty reading…’ The word ‘read’ is not correct. Maybe the author can use ‘explained’.

2. In the first paragraph of page 12, the authors wrote ‘how long to measure blood pressure …’. It should be ‘how often to measure blood pressure…’

3. In the second paragraph of page 14, it says ‘Results indicated that age was only socio-demographic variable that …”. The sentence should be changed to ‘Results indicated that age was the only socio-demographic variable that …’

4. Reference 11th and 28th are totally same. Please delete one of them.
5. Reference 26th and 30th are totally same. Please delete one of them.
6. The contents of reference 20th and 31st are same. Please delete one of them.

Discretionary Revisions
Because of the cross-sectional design, there might be a causality problem when arguing seeing doctors at town hospitals lead to adequate health knowledge of the patients. There might be another possibility that the patients with adequate health knowledge were more likely to see doctors at town hospitals, because the lower qualification of the doctors at village clinics and the longer waiting time at county hospitals. I recommend the author mention the limitation in discuss session.

Level of interest: An article of limited interest

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