Reviewer’s report

Title: Impact of risk factors and activities on the health status of patients with chronic obstructive pulmonary disease in China.

Version: 2 Date: 31 July 2012

Reviewer: Alejandro Videla

Reviewer’s report:

1. The paper describes the results of a population-based cross-sectional survey of COPD patients in a rural area of China. The main objective of the study was to consider vulnerability of COPD using a questionnaire of 50 items designed by the authors from several sources and the severity of COPD using a validated score (ADO, age dyspnea and obstruction). In the new version it seems more clear that the objective was to compare the results of the questionnaire which focus on the impact of COPD on self. Assessed health status, daily living activities, social activities and anxiety and a COPD severity questionnaire (which are usually described under the quality of life terminology). The authors still use vulnerability as an unclear concept.

In my view, the paper can be better described as a description of how the impact of disease on daily activities and anxiety is underperceived by the population and is correlated to COPD severity as measured by the ADO index. I believe the use of the concept vulnerability is not appropriate in this particular study.

2. The abstract and the paper state that 10.5% of patients showed a realistic sense of their health status. This is not backed by any data, unless the authors are referring to the 10.5% of patients who felt healthy (table 2), and so the whole statement could be wrong. Please explain this assumptions.

3. As the translation and validation process have not been included in any publication, a short explanation of the process should be included.

4. It is not clear in the methods and results section (and the previous paper by Lou) how the 8217 COPD patients were identified and how the survey was performed. It seems that the authors know that there are 24641 COPD patients in their 1.14 million population, and they had a registry of all of them from which they took a random sample. They also had complete medical information of 12875 patients that allowed them to exclude 3937 patients, and they screened 8938 in their houses (using a mail questionnaire? Home interviews?). From this screened population they tried they performed 7597 personal interviews (and home spirometry?). This amount of work is huge, and any reader should be interested in knowing how such a work was done.

5. The methods section should include if the spirometry was performed at home at the same time of the interview, or if this data comes from medical records.

6. Include biomass before all cooking mentions, as the problem is biomass as a cause of COPD.
Minor Essential Revisions

1. Abstract “designed questionnaire..” the phrase lacks a verb
2. Background fourth paragraph “the objective of assessing the health…” rewrite the sentence as it seems to refer to the study objective and not to the general characteristics of the disease
3. Results. General characteristics. “response rate” instead of “utilization rate”

**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:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests