Reviewer's report

Title: Length of sick leave - Why not ask the sick-listed? Sick-listed individuals predict their length of sick leave more accurately than professionals

Version: 1 Date: 2 June 2004

Reviewer: Harald Reiso

Reviewer's report:

General
The article “Length of sick leave – Why not ask the sick-listed?” pose a question that is interesting in the field of sickness absence research. The methods and data used, the analyses, and the presentation adhere to relevant standards for reporting. However, the submitted manuscript lacks clarity concerning the research question, the methods used and the analyses. I suggest that the authors perform major compulsory revisions and simplifications of the manuscript to increase clarity and readability.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. The method section can be simplified. In my opinion the interesting data concern the “responder” group of 152 patients certified sick. As I read it, the NIO officers and medical consultants assessed 150 and 149 of these 152 cases. Is there a common n (= 149?) that can be presented? Data about the sample of 993 patients certified sick can be used as background/baseline information in the article. I recommend the use of a simple sampling figure.
2. The analyses concern time-dependent data. The presentation lack a description of how long the presented cases had been certified sick at the time the assessments took place (14 days + ?). 3. The ROC analysis is used to visualize a preferred cut-off for the data. The presentation of the analysis is not clear. What do the points in the presented curves represent? Indicate 95% CI. Labels are missing. What were the criteria for choosing the preferred cut-off? The analysis should be comprehensible also to more unschooled readers.
4. How are the following terms defined:
   a. Predictive accuracy
   b. Diagnostic validity (necessary to use here? Overlap with a.?)
   c. Sick leave (= sickness absence certified by a doctor for a maximum of until one year in Norway?)
   d. Short sick leaves
   e. Long sick leaves
5. By focusing on a “common” responder “n”, the results presentation and Figures 1 & 2, and Tables 1 & 2, can be simplified. Tables 3 & 4 can be taken out.
6. The importance of other analyses than ROC can be reduced.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
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Discretionary Revisions (which the author can choose to ignore)
A return manuscript with my comments is sent to editorial@biomedcentral.com marked http://www.biomedcentral.com/reviewer/663735553828383
**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

None