Reviewer's report

Title: Diagnostic self-tests on body materials among Internet users in the Netherlands: prevalence and correlates of use

Version: 3 Date: 10 February 2009

Reviewer: Fiona Miller

Reviewer's report:

Many thanks for the helpful revisions.

Major compulsory revisions

Now that I have had an opportunity to review the questionnaire, I have a much clearer sense of what the research involved, and now have some additional questions and concerns.

In particular, the study is presented as an analysis of “diagnostic” self tests – indeed, monitoring tests are said to have been explicitly included. The authors note as a limitation that respondents might have also reported monitoring tests. However, this appears to be far more than a vague possibility, as the questionnaire was insufficiently clear on that point (and respondents would typically find this category non-obvious). While self-testing that is truly diagnostic is likely to be amongst the most consequential, and policy interest in consumer use of diagnostic self-tests is likely to be highest, self-testing that involves ongoing monitoring of an already-diagnosed condition evokes considerably less concern. In particular, persons suffering from chronic conditions (e.g., diabetes, high cholesterol) can become experts in their own disease. Self-testing by these individuals has a different meaning and set of health policy implications.

Thus, I have two concerns. First, I am not convinced that it is accurate to classify responses as specific to diagnostic self-tests, with the admission of a potential limitation. The entire category may need to be rethought. Second, this criticism extends beyond the potential looseness of the “diagnostic” qualification to the category “self tests” itself. It is surely very different to self-test to assess one’s menstrual cycle (the ovulation test is one of the most commonly reported) than to self-test to attempt to diagnose prostate cancer. Is it sensible to lump these acts together under the category “self tester”? What are the implications of doing so?

Minor essential revisions

I would recommend still more information about the questionnaire in the methods section. Specifically, I am uncertain what is meant by “four possible types of testing” in the section on the “Questionnaire” on page 6; further, readers should be provided with more information about the way that responses were solicited (as categorical yes/ no answers) and how respondents were invited (how solicited; whether incentives were offered). Could the authors also clarify the
ethics review process for this human subjects research?

I found the category “true home tests” to be non-obvious. Since this is a point the authors wish to make, it should probably be clearly defined. Further to this point, I was confused by the column “number (%) true home tests” in Table 1. If the denominator is truly all respondents, the percentage seems far too high. Also, the authors might wish to note how they discerned the proportion that was – as they put it – true home tests.

I would recommend a careful review of the written English.

**Level of interest:** An article of limited interest

**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