Reviewer's report

Title: Reliability and validity of a questionnaire for self-assessment of complete dentures

Version: 2

Date: 2 January 2014

Reviewer: Peter Robinson

Reviewer's report:

I have read the authors' reply and thought carefully about this manuscript. In the end I must request that the authors consider much more carefully the major point I made in my earlier letter. That is, this manuscript, and the measure it describes remains largely atheoretical. The authors have not fully conceptualised what the PDA is, and what that relates to. Several specific changes would follow from this

- The manuscript needs to contain not only an explicit definition of the PDA, but the construct to which it relates. This then could form the basis of a construct validation. Construct validation requires an explicit construct.
- A clear statement of how a PDA could be used for diagnosis and prognosis
- Factor analysis is an assessment of internal reliability rather than construct validity
- Responsiveness can be regarded as one form of validity, but it is prone to effort justification bias and social acceptability bias. Other forms of validation are required
- The authors suggestion that "negative-oriented measures composing the OHIP are unable to capture positive changes in patients with no negative impacts recorded at baseline [17]. Furthermore, the OHIP is unable to capture the patient’s consciousness and feeling for complete dentures in detail" introduces entirely new concepts about health and particularly "positive health". If the authors are to pursue this line I suggest they read the critique of positive health by Locker and Gibson published in Community Dentistry Oral Epidemiology.
- Some of the tables could be summarised in the text. Readers don't need to know the before and after scores of every subscale and table 8 could be summarised in the text very clearly and succinctly

My earlier review asked the authors to seek the support of a social scientist experienced in this kind of work and thinking. Had they done that they may have smoothed out some of the problems above. Put another way, we would not expect a psychologist to be very good at making dentures, why would we expect a dentist to be good at health psychology?