Reviewer’s report

Title: Assessment of the face validity of two pain scales in Kenya: a validation study using cognitive interviewing

Version: 1 Date: 30 December 2011

Reviewer: Julia Downing

Reviewer’s report:

Major Compulsory Revisions
Comment 1
• The faces pain scale is usually used on a 0-5 scale rather than a 0-10 scale as there are only 5 faces and so it is hard to use a 0-10 scale as then the faces represent more than one number e.g. 0, 1-2, 3-4, 5-6, 7-8, 9-10 which is how it is being used here – there needs to be more discussion about that.

Comment 2
• The paper discusses the fact that no single item pain measurement tool has been validated for use in East Africa – they need to look wider at the literature as a scale like this has been validated through the APCA African POS (Powell et al; 2007; Development of the APCA African Palliative Outcome Scale; Journal of Pain and Symptom Management. Vol 32, No2, February, p229-232. Harding et al; 2010; Validation of a core outcome measure for palliative care in Africa; the APCA African Palliative Outcome Scale. Health and Quality of Life Outcomes. Vol 8, No 10. http://www.hqlo.com/content/8/1/10) and also there has been some work done in Uganda, published in the Palliative Care Association of Uganda Journal on the use of the faces scale – published by Lydia Mpanga Sebuyira (contact pcau@pcau.org.ug)

Comment 3
• Is there a rationale for using adults and children – it is important that they are both included, but having done so, the numbers are very small – would have been better to have larger numbers of children - Whilst thematic saturation may be reached with 12-15 individuals – this may not be the case with such a diverse group ie 6 children and 10 adults – what was the rationale for doing this rather than 12-15 adults and 12-15 children

Comment 4
• Some of the information in the discussion needs to be supported by references for example the 6th paragraph says that one of the main benefits of the NRS is that the patient’s score is easily reportable on a zero to ten scale, which can be readily communicated and intuitively understood among health care providers – is there a reference to support this?

Minor Essential Revisions
Comment 5
• In the methods session of the abstract – the last sentence in the paragraph (starting Interview transcripts were analysed…) needs clarification as it is unclear what you are trying to say here

Comment 6
• Discuss the rationale for having 4 interviewers for such a small sample when they are all from the same place – could be understood if done in different places – and how you ensured that all the interviews were done in the same way. Also where the adults and children asked the same questions in the cognitive interviewing – how did this work and was it tested

Discretionary Revisions
Comment 7
• In the background when talking about the 3 populations that pain has been studied in – it would be better to refer to palliative care patients rather than ‘hospice’ patients, PC is more accurate

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

**Quality of written English:** Acceptable

**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